## FILE ON OR BEFORE APRIL 8,1998 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1. Name of Limited Partnership

DOCUMENT # **A9500001267** 

## ZENITH PROPERTIES (ORLANDO), LIMITED PARTNERSHIP

SECRETARY OF STATE DIVISION OF CORPORATIONS

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lalling Address	Principal Office Address		3. Date Formed or Registered 58. Capital Contributions as Shown on record.	58. Capital Contributions as Shown on record.
1000 ZENITH AVENUE FORT MILL SC 29715	200 SOUTH ORANGE AVE., S ORLANDO FL 32801	UITE 2300	08/24/1995	08/24/1995 \$148,500.00
PORT MILL SC 29/15	OKLANDO FL 32801		3a. Date of Last Report 10/17/1996	
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		
uite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-3340021	Applied For
ity & State	City & State			Not Applicable
p Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
			8. Make check payable to: Deot. of	State (See reverse side for fee information 5.5
9. Name and Address of	Current Registered Agent		10. If changed, new Registere	d Agent/Office
WHITEHEAD, KAREN		Name		
200 S. ORANGE AVENUE, SUITE 2300		Street Address (P.O. Box Number Is Not Acceptable)		
			Suite, Apt. #, etc.	
ORLANDO FL 32801		Suite, Apt. #, etc.		
<b>08.</b> Pursuant to the provisions of sections 620.1	051 and 620.192, Florida Statutes, the above-na ffice or registered agent, or both, in the State of f	City med limited partnership	o organized or registered under the laws of the	
OR. Pursuant to the provisions of sections 620.1 for the purpose of changing its registered of agent. I am familiar with, and accept the ob-	ffice or registered agent, or both, in the State of filigations of section 620 192, Florida Statutes.  ent)	City med limited partnership Florida. Such change w	o organized or registered under the laws of the as authorized by its general partner(s). I here  DATE  ARTNERSHIP OR OTHE	e State of Florida, submits this statement of register
OR. Pursuant to the provisions of sections 620.1 for the purpose of changing its registered of agent. I am familiar with, and accept the ob-	ffice or registered agent, or both, in the State of filigations of section 620 192, Florida Statutes.  HAT IS A CORPORATION, IUST BE REGISTERED A	City med limited partnership Florida. Such change w	o organized or registered under the laws of the as authorized by its general partner(s). I here on the partner of the partner	re State of Florida, submits this statements accept the appointment of register
Oa. Pursuant to the provisions of sections 620.1 for the purpose of changing its registered of agent. I am familiar with, and accept the ob-	ffice or registered agent, or both, in the State of filigations of section 620 192, Florida Statutes.  ent)  HAT IS A CORPORATION, IUST BE REGISTERED A  118. (Co NOT Use Post Office	City  med limited partnership Florida. Such change w  LIMITED PA  ND ACTIVE  Box Numbers)  11	o organized or registered under the laws of the as authorized by its general partner(s). I here on the partner of the partner	PL ne State of Florida, submits this statement accept the appointment of register  R BUSINESS ENTIT
Oa. Pursuant to the provisions of sections 620.1 for the purpose of changing its registered of agent. I am familiar with, and accept the observations of the control of the	ffice or registered agent, or both, in the State of filigations of section 620 192, Florida Statutes.  ent)  HAT IS A CORPORATION, IUST BE REGISTERED A  118. (Co NOT Use Post Office	City  med limited partnership Florida. Such change w  LIMITED PA  ND ACTIVE  Box Numbers)  11	D organized or registered under the laws of the as authorized by its general partner(s). I here as a unit of the control of	re State of Florida, submits this statement accept the appointment of register registers.  R BUSINESS ENTIT  11c. Registration/Document Number

Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the Information supplied is deemed exempt from public access. I further certify that the Information indicated on

this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as sequired by chapter 620, Figure 3

SIGNATURE