

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 28 PM 3:18

1. Name of Limited Partnership Arrowhead Associates, LTD		1a. DOCUMENT # A95000001526	
Mailing Address 744 Highland Avenue Orlando, Florida 32803		Principal Office Address 2430 Via Sienna Winter Park, Florida 32789	
2. Mailing Address 744 Highland Avenue		2a. Principal Office Address 2430 Via Sienna	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, Florida		City & State Winter Park, Florida	
Zip 32803		Zip 32789	
Country Orange		Country Orange	
3. Date Formed or Registered 10/11/95		5a. Capital Contributions as Shown on record. 1,130,000	
3a. Date of Last Report 12/26/95		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation Florida		6. FEI Number 59-3429644	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent Jean Pierre Cuenant 2430 Via Sienna Winter Park, Florida 32789		10. If changed, new Registered Agent/Office Name 2430 Via Sienna Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Winter Park FL Zip Code 32789	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____

DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
JPC Development Corporation	2430 Via Sienna	Winter Park, FL 32789	J99213
			000002128950--9 -03/31/97--01149--001 ****550.00 ****550.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of 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 required by chapter 620, Florida Statutes.

SIGNATURE _____

DATE **3-25-97**

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____

CR2E003 (6/96)