

**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

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1. Name of Limited Partnership	1a. DOCUMENT # A95000001805
ROCK SPRINGS RIDGE, LTD.	

Mailing Address 401 WEST COLONIAL DRIVE, SUITE 7 ORLANDO FL 32804		Principal Office Address 401 WEST COLONIAL DRIVE, SUITE 7 ORLANDO FL 32804		3. Date Formed or Registered 11/22/1995	5a. Capital Contributions as Shown on record. \$1,000.00
				3a. Date of Last Report 01/05/1996	5b. Amount of Capital Contributions in FLORIDA to date. \$1,000.00
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 59-3350324 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip Country		Zip Country			

9. Name and Address of Current Registered Agent CUROTTO, DONALD 340 N. ORANGE AVENUE ORLANDO FL 32804	10. If changed, new Registered Agent/Office Name WILLIAM H. MacARTHUR Street Address (P.O. Box Number Is Not Acceptable) 401 W. COLONIAL DR Suite, Apt. # etc. SUITE 7 City ORLANDO FL Zip Code 32804
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) William H. MacArthur DATE 1/6/97	

**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
ROCK SPRINGS RIDGE, INC.	401 WEST COLONIAL DR	ORLANDO FL 32804	P95000089438
<p>500002063185--4 -01/21/97--01026--001 ****191.25 ****191.25</p>			

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 **Elizabeth S. Conant** DATE **12/16/96**
 Elizabeth S. Conant, TREAS/ASST SEC
 Typed or Printed Name of General Partner Signing Form **ROCK SPRINGS RIDGE, INC.** Daytime Telephone Number **(407) 425-8276**

CR2E003 (6/96)