FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

FILED

97 DEC -4 PM 3:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998

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

1. Name of Limited Partnership

HERON PARK PARTNERS, LTD.

1a. DOCUMENT #
A96000000119

OK 12/4/97

Mailing Address	Principal Office Address
~~2200 LUCIEN WAY, SUITE 450~~ ~~MAITLAND FL 32751~~	2200 LUCIEN WAY, SUITE 450 MAITLAND FL 32751

3. Date Formed or Registered: 01/17/1996
3a. Date of Last Report: 12/30/1996
4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record.: $3,616,584.00
5b. Amount of Capital Contributions in FLORIDA to date: 3,616,584

2. Mailing Address	**2a.** Principal Office Address
P.O. Box 4961	Suite, Apt. #, etc.
Suite, Apt. #, etc.	City & State
City & State: Orlando, FL	Zip Country
Zip Country: 32802-4961	

6. FEI Number: 59-3355635 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent	**10.** If changed, new Registered Agent/Office
B&C CORPORATE SERVICES OF CENT. FL., INC. 390 N. ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City: FL Zip Code

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
FL BOND CAPITAL HOLDINGS 96,	2200 LUCIEN WAY, SUIT	MAITLAND FL 32751	A96000000118
		300002366053--0	

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. Fl Bond Capital Holdings 96, Ltd., General Partner

By: CED Construction, Inc., its General Partner

SIGNATURE By: _____ DATE _____

Typed or Printed Name of General Partner Signing Form: Alan H. Ginsburg, CEO Daytime Telephone Number: 407-660-1110

CR2E003 (6/97)

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 622134 4381472

AUTHORIZATION : Mark Richardson

COST LIMIT : $ ~~125~~ 541.25

ORDER DATE : December 4, 1997

ORDER TIME : 11:06 AM

ORDER NO. : 622134-025

CUSTOMER NO: 4381472

CUSTOMER: Ms. Laurie Bergstresser
Broad And Cassel
Suite 1100
390 North Orange Avenue
Orlando, FL 32801

FILED
97 DEC -4 PM 3:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ANNUAL REPORT FILING

NAME: HERON PARK PARTNERS, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS: _____

RECEIVED
97 DEC -4 PM 12:25
DIVISION OF CORPORATION