

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR -9 PM 12: 44



1. Name of Limited Partnership	1a. DOCUMENT # A96000000190
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OTTTW, LTD.

Mailing Address 601 DUVAL STREET, SUITE 5 KEY WEST FL 33040		Principal Office Address 601 DUVAL STREET, SUITE 5 KEY WEST FL 33040		3. Date Formed or Registered 01/26/1996	5a. Capital Contributions as Shown on record. \$500,000.00
				3a. Date of Last Report 09/16/1996	
2. Mailing Address 201 Front Street Suite 310 Key West, FL 33040 Monroe		2a. Principal Office Address 201 Front Street Suite 310 Key West, FL 33040 Monroe		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: \$8.75 Additional Fee Required
				6. FEI Number 65-0646661	
				7. Certificate of Status Desired <input type="checkbox"/>	
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent CATES, MICHAEL H 601 DUVAL STREET, SUITE 5 KEY WEST FL 33040	10. If changed, new Registered Agent/Office Name Edwin O. Swift, III Street Address (P.O. Box Number is Not Acceptable) 201 Front Street Suite, Apt. #, etc. Suite 310 City Key West State FL Zip Code 33040
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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) *[Signature]* DATE **1/16/98**

**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) OLD TOWN TROLLEY TOURS OF WA	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 601 DUVAL STREET, SUITE 5 201 Front St, Suite 310	11b. City, State & Zip Code KEY WEST FL 33040	11c. Registration/Document Number F96000000285
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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 effect 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 *[Signature]* DATE **1/16/98**

CR2E003 (12/97)