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

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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1. Name of Limited Partnership

ORMOND LAKES, LTD.

DOCUMENT # A96000000533

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



		94-	NOM					
Mailing Address	Principal Office Address				3. Date Formed or Registered	<b>58.</b> Capital Contributions as Shown on record.		
PO BOX 4578 860 HULL RD.					03/20/1996		\$2 070 000 00	
SOUTH DAYTONA FL 32121		ORMOND BEACH FL 32174			3a. Date of Last Report	\$3,870,000.00		
					12/30/1996	5b. Amou	nt of Capital	
					4. State or Country of Formation		Amount of Capital Contributions in F1 ORIDA to date	
2. Mailing Address	2a. Principal Office Address				FL	\$3,870,000.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.				6. FEI Number	Applied For Not Applicable		
City & State	City & St	City & State			59-3379074			
	Zip		Country		7. Certificate of Status Desired	u	\$8.75 Adoitional Fee Required	
Zip Country	1 7 11	749		-	8. Make check payable to: Dopt. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office					
7/4/01/50011   00///5			Name					
TUMBLESON, J. DOYLE 150 SOUTH PALMETTO AVE. SUITE A DAYTONA BEACH FL 32114			Street Address (P.O. Box Number Is Not Acceptable)					
			Suite, Apt #, etc.					
			City			FI	Zip Code	
10a. Pursuant to the provisions of soctions 620 ff for the purpose of changing its registered of agont. I am familiar with, and accept the oblining the provision of the purpose of changing its registered of agont. I am familiar with, and accept the oblining Appointment AGENERAL PARTNER THE	lice or registered age agations of section 620 cml).	nt, or both, in the State of to 192, Florida Statutes.  **DRPORATION.**	Torida. Such chang	90 was autho	DATE  VERSHIP OR OTHE	eby accept the	appointment of registered	
M	UST BE RE	GISTERED A	ND ACTIV	E WITI	H THIS OFFICE.			
11. Name(s) of General Partner(s)	11a.	Address of Fach Gen (Do NOT Use Post Office	erai Hariner Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	

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. Hurther 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 eath. I further certify that I am a General Partner of the Limited partnership, receiver or trustee. port as requirert by chapter 620, Florida Statules

SIGNATURE .

Typed or Printed Name of General Partner Signing

ORMOND LAKES, INC.

JAMES RONNIE BLEDSOE

150 S. PALMETTO AVE.,

11-10-97

P95000069522

DAYTONA BEACH FL 3211

Daytimo Telophone Number 904-761-6111

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