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

ANNUAL REPORT  1997	FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State Division of Corporations		ortham of State	SECRETARY OF STATE DIVISION OF CORPORATIONS  96 NOV - 4 PM 12: 12	
1. Name of Limited Partnership	1a.	DOCUME A960000190	NT#	96 NOV -4	Y112: 12
Oviedo V, Ltd.	<b>L</b>				
Mailing Address	Principal Office Address			3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record
P.O. Box 916464 Longwood, FL 3279			434 W.	10/11/96 3a. Date of Last Report	\$990.00
	:	•		First Report	<b>5b.</b> Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation Florida	to date:
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State			6. FEI Number	Applied For Not Applicable
Zip Country			Country	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 Age	ont	·	10. If changed, new Registere	d Agent/Office
Lyder R. Johnson 2648 West State Road 434 W			Name Street Address (P.O. Box Number Is Not Acceptable)		
Longwood, Florida 32779			Suite, Apt. ●, etc.		
			City		FL Zip Code
	d office or registered agent	, or both, in the State of Florid		rganized or registered under the laws of the authorized by its general partner(s). I here	e State of Florida, submits this statement
for the purpose of changing its registerer agent. I am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appoin	d office or registered agent poligations of section 620.     	, or both, in the State of Florid 192, Florida Statutes.	ta. Such change was	authorized by its general partner(s). I here	ne State of Florida, submits this statement seby accept the appointment of registered
for the purpose of changing its registered agent. I am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appoir A GENERAL PARTNER 1	d office or registered agent poligations of section 620. Inment)	, or both, in the State of Florid 192, Florida Statutes.	ta. Such change was	DATE	ne State of Florida, submits this statement seby accept the appointment of registered
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for the purpose of changing its registered agent. I am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appoir A GENERAL PARTNER 11. Name(s) of General Partner(s)  Lincoln Compercial Properties, Inc.,	d office or registered agent poligations of section 620.  THAT IS A COI MUST BE REC 11a. (	, or both, in the State of Florid 192, Florida Statutes.  RPORATION, LI SISTERED AND Address of Each General Do NOT Use Post Office Box	IMITED PAR D ACTIVE W Partner Numbers) 11b	DATE RTNERSHIP OR OTHE WITH THIS OFFICE.  D. City, State & Zip Code  Squood, Florida 32779	R BUSINESS ENTITY  11c. Registration/ Document Number
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for the purpose of changing its registered agent. I am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appoir A GENERAL PARTNER 11. Name(s) of General Partner(s)  Lincoln Commercial Properties, Inc., Florida Corporation  Note: General partners MA  12. I do hereby certify that the information support corporations from any liability of non-computing annual report is true and accurate and empowered to execute this report as reguir	Y NOT be changed by control of the change of	ped on this form arily runished and does not style in the energies of the style into the same legal of th	MITED PARD ACTIVE Weather Numbers 11b  434 W Lore that the second of the	DATE RTNERSHIP OR OTHE VITH THIS OFFICE.  City, State & Zip Code  Agreed, Florida 32779  Signature of the Si	R BUSINESS ENTITY  11c. Registration/ Document Number  J 6 3 8 5 0  2 0 2 9 7 5 - 2  3 3 9 6 - 0 1 1 0 8 - 0 2 4  13 1 . 25 ****131 . 25  Range a general partner.  Statutes 1 release the Division of er certify that the information indicated on the limited partnership, receiver or trustee