## 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

1. Name of Liffilted Partnership

a. DOCUMENT # **A9700001239** 

FILED SECRETARY OF STATE DEVISION OF CORPORATIONS

97 DEC - 1 AMIL: 07



ONG LAKE HILLS, LTD.						
talling Address 330 PALMETTO AVENUE	Principal Office Address 1330 PALMETTO AVENUE WINTER PARK FL 32789		3. Date Formed or Registered  5a. Capital Contributions as Shown on record.  96/02/1997  \$200,000.00			
INTER PARK FL 32789			3a. Date of Last Report			
				5b. Amour Contrib	nt of Capital outions in FLORIDA	
2. Mailing Address	28. Principal Office Address		4. State or Country of Formation	to date:		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number		Applied For	
City & State	City & State		59-3458931		Not Applicable	
Zip Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required		
			8. Make check payable to: Dept. of State (See reverse side for foo information)			
9. Name and Address of Curre	nt Registered Agent		10. If changed, new Registere	ed Agent/Office		
GODWIN, LARRY		Nanio				
		Streel Address (P.O. Box Number Is Not Acceptable)				
1330 PALMETTO AVENUE		SHECK AUGIESS (F.C)	· · · · · · · · · · · · · · · · · · ·			
1330 PALMETTO AVENUE WINTER PARK FL 32789	-	Suite, Apl. #, etc.				
WINTER PARK FL 32789  Oa. Pursuant to the provisions of sections 620.1051 a		Suite, Apt. #, etc.  City  imited partnership or				
Oa. Pursuant to the provisions of sections 620,1051 a for the purpose of changing its registered office agent. I am familiar with, and accept the obligate.	or registered agent, or both, in the State of Florida	Suite, Apt. #, etc.  City  imited partnership or	authorized by its general partner(s). I hen	he State of Floric eby accept the a	da, submits this stateme	
Oa. Pursuant to the provisions of sections 620,1051 a for the purpose of changing its registered office agent. I am familiar with, and accept the obligated IGNATURE (Registered Agent Accepting Appointment).  A GENERAL PARTNER THA	or registered agent, or both, in the State of Florid ons of saction 620 192, Florida Statutes.	Suite, Apl. #, etc.  City  imited partnership or a. Such change was a	DATE	he State of Floric eby accept the a	da, submits this stateme appointment of register	
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SIGNATURE

Typed or Printed Name of General Partner S

DATE 10-15-95
Daytime Telephone Number 407-628-4005