LIMITED PARTNERS ANNUAL REPOR 1998	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	⁴ FLORIDA DEPARTI Sandra B. I Secretary DIVISION OF CO	Mortham of State		FILED RETARY OF NOF CORI PR 13 P	FORATIONS
1. Name of Limited Partnership 1a. DOC A970000 /ILLAS INVESTORS PARTNERSHIP, LTD.			ENT # 809			
Mailing Address 1270 ORANGE AVENUE, STE. C WINTER PARK FL 32789	1	incipal Office Address 1270 ORANGE AVENUE. STE. C MINTER PARK FL 32789		3. Date Formed or Registered 08/21/1997 38. Date of Last Report	\$1,	I Contributions as on record. 150,000.00 ht of Capital outions in FLORIDA
2. Malling Address	22	. Principal Office Address		4. State or Country of Formation	10 040	50,000.
Suite, Apt. #, etc.		ite, Apt. #, etc.		6. FEI Number 159 - 3463		Applied For Not Applicable
City & State Zip Cour		y & State	Country	7. Certificate of Status Desired 8. Make check payable to: Dept. c		\$8.75 Additional Fee Required
JOHNSON, LORAN A ES		ered Agent	Name Street Address (P.O.	10. If changed, new Register	ed Agenl/Office	
	QUIRE	Ned Agent		10. If changed, new Register Box Number Is Not Acceptable)	ed Agenl/Office	Zip Code
JOHNSON, LORAN A ES 215 NORTH EOLA DRIVE ORLANDO FL 32801 108. Pursuant to the provisions of for the purpose of changing agent. I am familiar with, and SIGNATURE (Registered Agent Acce	SOUIRE sections 620.1051 and 620.19 its registered office or registered accept the obligations of sect pting Appointment)	12, Florida Statutes, the above-name ad agent, or both, in the State of Flor ion 620.192, Floride Statutes.	Streel Address (P.O. Suile, Apt. #, etc. City dlimited partnership org da. Such change was a	Box Number Is Not Acceptable) anized or registered under the laws of uthorized by its general partner(s). I he	FL the State of Flori reby accept the	da, submits this statemen appointment of registered
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JOHNSON, LORAN A ES 215 NORTH EOLA DRIVE ORLANDO FL 32801 108. Pursuant to the provisions of for the purpose of changing agent. I am familiar with, and SIGNATURE (Registered Agent Acce A GENERAL PAR I 11. Name(s) of General Partn ARDEN DEVELOPMENT	SQUIRE sections 620.1051 and 620.19 its registered office or registered accept the obligations of sect pting Appointment) TNER THAT IS A MUST BE er(s) 1 CORP.	12, Florida Statutes, the above-name ad ageni, or both, in the State of Flori ion 620.192, Florida Statutes. CORPORATION, L REGISTERED ANI 1a. (Do NOT Use Post Office Bor 1270 ORANGE AVENUE,	Streel Address (P.O. Suile, Apt. 4, etc. City dlimited partnership org da. Such change was a IMITED PAR DACTIVE WI Partner (Numbers) 11b. S W	Box Number Is Not Acceptable) anized or registered under the laws of uthorized by its general partner(s). I he DATE TNERSHIP OR OTHE TH THIS OFFICE. City, State & Zip Code	FL the State of Flork reby accept the ER BUSIR 11c. P9 4 9 1 1 /98-01 26, 25	Ae, submits this statemer appointment of registere NESS ENTITY Registration/ Document Number 7000072241 74 1 104028 ####\$526,25