

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 17 AM 9:18

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. North
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership TQTV Operations Group, LTD.		1a. DOCUMENT # A97000002139	
Mailing Address 7380 Sand Lake Road Suite 500 Orlando, FL 32819		Principal Office Address 7380 Sand Lake Road Suite 500 Orlando, FL 32819	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered 10/2/97		5a. Capital Contributions as Shown on record. \$1,000	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date: \$1,000	
4. State or Country of Formation FL		6. FEI Number 59-3494221 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$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 Agent Karl J. Kaiser 7380 Sand Lake Road Suite 500 Orlando, FL 32819	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
---	--

10a. 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) _____ DATE _____

**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) TQUEST Orlando, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7380 Sand Lake Road Suite 500	11b. City, State & Zip Code Orlando, FL 32819	11c. Registration/Document Number P97000085225
--	--	---	--

400002462944--2
-03/20/98--01016--004
*****668.75 *****141.25
dcs

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 effects 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 Karl J. Kaiser
Typed or Printed Name of General Partner Signing Form **Karl J. Kaiser, President**

President DATE 2/26/98
Daytime Telephone Number **407/884-6661**

CR2E003 (6/97)