FILE ON OR BEFORE APRIL 8,1998 TO AVOID 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 Limited Partnership

3

おころ、いれに 物の 少年の大学学できた 正明代子と はらせからんだい

1a. DOCUMENT # **A97000002730** SECRETARY OF STATE DIVISION OF CORPORATIONS

98 FEB 23 PM 1: 06



GRTP TAMPA PALMS LIMITED	PARTNERSHIP		I III01011 1010 10111 10111 00111 0	ONE BRITE BUNN BUND BUND ITALE IDADE INNE BRIE NEDE	
Mailing Address 1101 NORTH LAKE DESTINY DRIVE. SUITE 400 MAITLAND FL 32751	Principal Office Address 1101 NORTH LAKE DESTINY DRIVE, SUITE 400 MAITLAND FL 32751		3. Date Formed or Registered 12/17/1997 38. Date of Last Report	5a. Capital Contributions as Shown on record. \$1,000.00	
2. Malling Address	2a. Principal Office Address		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc. City & State	Sulte, Apt. #, etc. City & State		7. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional	
Zip Country	Zip	Country	8. Make check payable to: Dept. of	8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent		T	10, If changed, new Registered Agent/Office		
DELGUIDICE, CHRISTOPHER 1101 NORTH LAKE DESTINY DRIVE, SUITE 400 MAITLAND FL 32751		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.			
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or segent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment)	egistered agent, or both, in the State of F			by accept the appointment of registered	
A GENERAL PARTNER THAT	IS A CORPORATION, BE REGISTERED A	LIMITED P	ARTNERSHIP OR OTHE		
11. Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office I	16	1b. City, State & Zip Code	11c. Registration/ Document Number	
GRTP, INC.	1101 NORTH LAKE DESTI		MAITLAND FL 32751	P97000080328	
			100002 -02/27 ****1	4429812 /9801094006 50.00 ****150.00	
\ <i>t</i>				KWM/cus	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. Ibo 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, Fiorida Statutes.

SIGNATURE _

du Theen 1.

___DATE 2-18-98

Typed or Printed Name of General Partner Signing Form Splinder F. Leccese/Pusident Davime Telephone Number 407-422-3080

(1491)