

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
Dr. B. M. ...
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN 14 PM 1:29

1. Name of Limited Partnership Windcrest/Preserve I, Ltd.		1a. DOCUMENT # A9700002934
2. Mailing Address P.O. Box 4961 Orlando, FL 32802-4961		2a. Principal Office Address 950 N. Orlando Ave. Ste. 320 Winter Park, FL 32789
3. Date Formed or Registered 12/31/97		5a. Capital Contributions as Shown on record. \$50.00
3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date: \$50.00
4. State or Country of Formation FL		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" 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 B+C Corporate Services of Central Florida, Inc. P.O. Box 4961 Orlando, FL 32802-4961	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVE, SUITE 1100 Suite, Apt. #, etc. City ORLANDO FL Zip Code 32801
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) Windcrest/Preserve II, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 950 N. Orlando Ave. Ste. 320	11b. City, State & Zip Code Winter Park, FL 32789	11c. Registration/ Document Number A9700002934 P9700010874
800002407128--6 -01/21/98--01095--004 ****156.25 ****156.25			

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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

Charles B. Palmer, President

1/7/98

407/628-4544

CR2003 (6/97)