HILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FLORIDA DEPARTMENT OF STATE LIMITED PARTNERSHIP Sandra B. Mortham ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 98 DEC 31 PH 4: 30 **DOCUMENT#** 1. Name of Limited Partnership SECRETARY OF STATE A98000000283 TALLAHASSEE, FLORIDA GRKP, LTD. 3. Date Formed or Registered 5a. Capital Contributions as Shown on record. Mailing Address Principal Office Address 01/29/1998 1412 WEST COLONIAL DRIVE, SUITE 200 1412 WEST COLONIAL DRIVE. SUITE 200 \$1,000.00 ORLANDO FL 32804 ORLANDO FL 32804 3a. Date of Last Report **5b.** Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation 2a. Principal Office Address FL 6. FEI Number Applied For Not Applicable 7. Certificate of Status Desired \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information) If changed, new Registered Agent/Office 9. Name and Address of Current Registered Agent LECCESE, SALVADOR F 1412 WEST COLONIAL DRIVE, SUITE 200 ORLANDO FL 32804 10a. Fursuant 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 Statut SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration City, State & Zip Code 11c. 11b. 11. Name(s) of General Partner(s) **Document Number** GRKP, INC. 1412 WEST COLONIAL DR ORLANDO FL 32804 P97000102251 400002744584--6 -01/15/99--01108--017 ****150.00 ****150.00

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 emptwered to execute this report as required by chapter 620, Florida Statutes.

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Typed or Printed Name of General Partner Signing Form

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DATE 402 11/5-50