

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED

98 DEC 29 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
A98000001335

ORLANDO ICEPLEX, LTD.

Mailing Address

720 ROY WALL BLVD.  
1384 HERITAGE ACRES BLVD., SUITE A  
ROCKLEDGE FL 32955

Principal Office Address

720 ROY WALL BLVD.  
1384 HERITAGE ACRES BLVD., SUITE A  
ROCKLEDGE FL 32955

3. Date Formed or Registered

05/28/1998

5a. Capital Contributions as Shown on record.

\$1,000,000.00

3a. Date of Last Report

N/A

5b. Amount of Capital Contributions in FLORIDA to date:

0

4. State or Country of Formation

FL

2. Mailing Address

720 ROY WALL BLVD

2a. Principal Office Address

720 ROY WALL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROCKLEDGE FL

City & State

ROCKLEDGE FL

Zip

32955 USA

Zip

32955 USA

6. FEI Number

59-3516284

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)

9. Name and Address of Current Registered Agent

ORLANDO ICEPLEX MANAGEMENT CORP.  
1384 HERITAGE ACRES BLVD., SUITE A  
ROCKLEDGE FL 32955

720 ROY WALL BLVD

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)

ORLANDO ICEPLEX MANAGEMENT CORP

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

1384 HERITAGE ACRES B  
720 ROY WALL BLVD

11b. City, State & Zip Code

ROCKLEDGE FL 32955

11c. Registration/Document Number

P98000045869

100002741871-3  
-01/14/99-01077-022  
\*\*\*\*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 empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*[Signature]*

DATE

12/22/98

Typed or Printed Name of General Partner Signing Form

JOAN BAR-NAVAN, DIRECTOR OF GENERAL PARTNER

Daytime Telephone Number

(407) 626 3432

CR2E003 (8/98)