

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 DEC -7 AM 9:47

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership  SPRING ARBOR PARTNERS, LTD.		1a. DOCUMENT # A98000001924	
Mailing Address 390 N. Orange Avenue Suite 1100 Orlando, FL 32801		Principal Office Address 1551 Sandspur Road Maitland, FL 32751	
2. Mailing Address Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered 09-17-98		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 Florida		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. 390 North Orange Avenue, Suite 1100 Orlando, Florida 32801		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) CED CAPITAL HOLDINGS IX, LTD., a Florida limited partnership	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1551 Sandspur Road	11b. City, State & Zip Code Maitland, FL 32751	11c. Registration/ Document Number A97000002481
300002705523--2 MK 12/7/98			
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.			
By: CED Capital Holdings IX, Inc., general partner SIGNATURE _____ DATE 12/2/98 Typed or Printed Name of General Partner Signing Form Tricia Doody, VP Daytime Telephone Number 407/741-9800			

CR2E003 (8/96)





A98000001924

ACCOUNT NO. : 072100000032

REFERENCE : 053962 4381472

AUTHORIZATION : Patricia Pizant

COST LIMIT : \$ 150.00

ORDER DATE : December 4, 1998

ORDER TIME : 3:50 PM

ORDER NO. : 053962-085

CUSTOMER NO: 4381472

CUSTOMER: Ms. Laurie Bergstresser  
Broad And Cassel  
Suite 1100  
390 North Orange Avenue  
Orlando, FL 32801

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ANNUAL REPORT FILING

NAME: SPRING ARBOR PARTNERS, LTD.

12/27/98

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
98 DEC -7 PM 4:19  
DIVISION OF CORPORATION