WILL BE SUBJECT TO REVO	CATION AND \$500 PENAL	TY FEE					
LIMITED PAFENCE ANNUAL EPORT		IMENTION OTA Jor Sim of State ORPOHATION	FILED SECRETARY OF DIVISION OF CORP				
1. Name of Limited Partnership	<b>1a.</b> DOCUM A98000002534	ENT #	98 DEC -8 PM	98 DEC - 8 PM 3: 04			
SPEEDWAY POINTE PARTNERS,	, LTD.						
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as			
Post Office Box 4961	1551 Sandspur Roa	d	12_NOV 1998	shown on record. \$50.00			
Orlando, FL 32802-4961	Maitland, FL 3275		<b>3a.</b> Date of Last Report	φ <b>30.</b> 00			
			Not applicable	5b			
			4. State or Country of Formation	<b>5b.</b> Amount of Capital Contributions in FLORIDA to date:			
2. Mailing Address	2a. Principal Office Address		Florida 6. FEI Number	\$50.00			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For			
	-		7. Certificate of Status Desired	S8.75 Additional			
Zip Country	Zip Country		8. Make check payable to: Dept. of S	Fee Required State (See reverse side for fee information)			
9. Name and Address of Current		Name	10. If changed, new Registered	Agent/Office			
Florida, Inc. 390 North Orange Avenue, Suite 1100 Orlando, Florida 32801							
		Street Address	Street Address (P,O, Box Number Is Not Acceptable)				
		Suite, Apt. #, etc.					
		City Zip Code					
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or n agent. I am familiar with, and accept the obligations	egistered agent, or both, in the State of Flor			State of Florida, submits this statement			
SIGNATURE (Registered Agent Accepting Appointment)			DATE				
A GENERAL PARTNER THAT I MUST	S A CORPORATION, L BE REGISTERED ANI	IMITED P	ARTNERSHIP OR OTHER	R BUSINESS ENTITY			
11. Name(s) of General Partner(s)	Address of Each General (Do NOT Use Post Office Bd		1b. City, State & Zip Code	11c. Registration/ Document Number			
CED CAPITAL HOLDINGS IX, LTD., a Florida limited partnership			Maitland, FL 32751	A9700002481			
	my BTC.		1000027061117				
	12/8/2	128118					
Note: General partners MAY NOT	be changed on this form	; an amen	dment must be filed to char	nge a general partner.			
12. I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with S this annual report is true and accurate and that my sign empowered to execute this report as required by chapi- Date. CED. Complete J. Li	Section 119.07(3)(k) in the event that the info nature shall have the same legal effects as if ter 620, Flo <u>rida Statutes</u>	ormation supplied I made under oath	I is deemed exempt from public access. I further h. I further certify that I am a General Partner of th	certify that the information indicated on			
By: CED Capital H	Jugigs IX, Inc., ma	magnig g	general partner of GP	12/2/98			
Typed or Printed Name of General Partner Signing Form	Tricia Doody, VP		Santing Toleshare Number 4	17/741-8500			

	REFERENCE :	072100000032 053962 438	1472	
	AUTHORIZATION :	Patricia	Pinet	
	COST LIMIT :	\$ 150.00	//	
ORDER DATE :	December 4, 1998	<u></u>		-
ORDER TIME :	10:49 AM			36 SIANO
ORDER NO. :	053962~105 -	•		3 DEC
CUSTOMER NO:	4381472			6
Bro Sui 390	Laurie Bergstresser ad And Cassel ite 1100 North Orange Avenue lando, FL 32801			PH 3: 04
	ANNUAL REPORT FI	LING		~ - ~
PN 1: 21 CORPORATION				
Or]	lando, FL 32801			-

12/8/ar

CONTACT PERSON: Tamara Odom

<u>xx</u>

<u>XX.</u>

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS: