


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

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  98 DEC 31 AM 8:35  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>1. Name of Limited Partnership</b>  <i>Ballyvolane, Ltd.</i>		<b>1a. DOCUMENT #</b>  <i>A98000002704</i>			
<b>Mailing Address</b>  <i>6100 Deacon Drive Windermere FL 34786</i>		<b>Principal Office Address</b>  <i>6100 Deacon Drive Windermere FL 34786</i>		<b>3. Date Formed or Registered</b>  <i>12/4/98</i>	
<b>2. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip                      Country		<b>2a. Principal Office Address</b>  Suite, Apt. #, etc.  City & State  Zip                      Country		<b>3a. Date of Last Report</b>  <i>First Year</i>	
<b>4. State or Country of Formation</b>  <i>Florida</i>		<b>5a. Capital Contributions as Shown on record.</b>  <i>6,000,000</i>		<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>  <i>-0-</i>	
<b>6. FEI Number</b>  <i>59-3544709</i>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		<b>7. Certificate of Status Desired</b>  <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>8. Make check payable to, Dept. of State (See reverse side for fee information)</b>					

<b>9. Name and Address of Current Registered Agent</b>  <i>CT Corporation 1200 South Pine Island Road Plantation, Florida 33324</i>	<b>10. If changed, new Registered Agent/Office</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City
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**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.**

<b>11. Name(s) of General Partner(s)</b>  <i>Church Street Station of Orlando, Inc</i>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  <i>6100 Deacon Drive</i>	<b>11b. City, State &amp; Zip Code</b>  <i>Orlando, FL 34786</i>	<b>11c. Registration/Document Number</b>  <i>P98000099248</i>
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**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 *Cyber Perry* President of sole general partner DATE *12/15/98*  
 Typed or Printed Name of General Partner Signing Form *Church Street Station of Orlando, Inc* Daytime Telephone Number *407-876-8800*

CR2E003 (8/98)