



FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JAN -5 PM 12:23</p> 	
1. Name of Limited Partnership ALPINE - ORLANDO, L.P., LTD.		1a. DOCUMENT # B96000000212			
Mailing Address 6345 BALBOA BLVD., SUITE 112 ENCINO CA 91316		Principal Office Address 6345 BALBOA BLVD., SUITE 112 ENCINO CA 91316		3. Date Formed or Registered 06/10/1996	
2. Mailing Address 8550 W. Hwy 192		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report 04/11/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation DE	
City & State Kissimmee, FL		City & State		6. FEI Number 33-0684863	
Zip 34747		Zip		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		7. Certificate of Status Desired <input 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 WILLIAM A. BECKETT, ESQUIRE 215 NORTH EOLA DRIVE ORLANDO FL 32801		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 400002412304--0 Suite, Apt. #, etc. -01/26/98--01/35--008 ****541.25 ****541.25 City FL	
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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.

11. Name(s) of General Partner(s) ALPINE ASSETS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6345 BALBOA BLVD., SU	11b. City, State & Zip Code ENCINO CA 91316	11c. Registration/Document Number F96000002599
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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 _____

Typed or Printed Name of General Partner Signing Form **Russ French**

Daytime Telephone Number **(407) 396-6101-5900**

CR2E003 (6/97)