

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN -2 AM 9: 09



BK 1/9/97

1. Name of Limited Partnership	1a. DOCUMENT # B96000000227
ORLONDON REALTY COMPANY LIMITED PARTNERSHIP	

Mailing Address C/O DRUCKER & FALK 7200 STONEHENGE DR., SUITE 211 RALEIGH NC 27613	Principal Office Address C/O DRUCKER & FALK 7200 STONEHENGE DR., SUITE 211 RALEIGH NC 27613	3. Date Formed or Registered 06/21/1996	5a. Capital Contributions as Shown on record. \$100,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation NC	
City & State	City & State	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	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 HUNTER, DANIEL M 243 WEST PARK AVE., SUITE 101 WINTER PARK FL 32890	10. If changed, new Registered Agent/Office Name 0000002054980-4 Street Address (P.O. Box Number Is Not Acceptable) 01/13/97-01001-015 Suite, Apt. #, etc. ****576.25 ****576.25 City FL Zip Code
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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) ORLONDON/AVALON, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7200 STONEHENGE DR.,	11b. City, State & Zip Code RALEIGH NC 27613	11c. Registration Document Number F96000003149
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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(4)(b) 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

DATE

12/30/96

Typed or Printed Name of General Partner Signing Form

David C. Falk, Sr.

Daytime Telephone Number

919 846-7300