FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



THE GRAND RESERVE AT WINDSOR PARKE, LTD.

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

Mailing Address

a. DOCUMENT # B960000354

Principal Office Address

FILED

97 FEB 24 PM 3: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

3. Date Formed or Registered



58. Capital Contributions as

1412 WEST COLONIAL DRIVE	1209 ORANGE STREET	09/12/1996	\$8,437,500.00
	CORPORATE TRUST CENTER WILMINGTON DE 19801	38. Date of Last Report	
		<u> </u>	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation DE	to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 59-3396	81/a Applied For
City & State	City & State	7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Zip Country Fee Required 8, Make check payable to: Dept. of State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office			
CAMBRIDGE MANAGEMENT SERVICES, INC.			
		ess (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32804	Suite, Ap	etc.	
	City		FL Zip Code
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 Pertner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
GRWP, INC.	1412 W. COLONIAL DR.	ORLANDO FL 32804	P96000008094
ì	1	300 <u>0</u> 02/2 ****	P9600006094 20998834 7797-01056004 550.00 ****550.00
	dec (cus) 550.00	(men pus)
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 filling 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 if an a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statutes.			
SIGNATURE DATE 2/3/77			
Typed or Printed Name of General Partner Signing Form Sci V. Aor States, Frank July Daytime Telephone Number 901 700 500			
GRUPINI, GENERAL Partner			