

**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

96 DEC 20 PM 1:42

1. Name of Limited Partnership

1a. DOCUMENT #
A15253

1215 LOUISIANA PARTNERSHIP, LTD.



Mailing Address
P.O. BOX 2173
WINTER PARK FL 32790

Principal Office Address
~~555 WINDERLEY PLACE~~
~~SUITE 420~~
MAITLAND FL 32761

3. Date Formed or Registered
09/09/1983

5a. Capital Contributions as Shown on record
\$52,900.00

3a. Date of Last Report
12/27/1995

5b. Amount of Capital Contributions in FLORIDA to date:
\$52,900.00

4. State or Country of Formation
FL

6. FEI Number
59-2317467

Applied For
 Not Applicable

7. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

2a. Principal Office Address
1093 Foggy Brook Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Longwood, Florida

Zip Country

Zip Country
32750

9. Name and Address of Current Registered Agent

COOPER, JAMES E.
555 WINDERLEY PLACE
SUITE 420
MAITLAND FL 32761

10. If changed, new Registered Agent/Office

Name
Cooper, James E.
Street Address (P.O. Box Number is Not Acceptable)
1093 Foggy Brook Place
Suite, Apt. #, etc.
City
Longwood

GSH

FL Zip Code
32750

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 **12-11-96**

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)

COOPER, JAMES E.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

555 WINDERLEY PLACE,

11b. City, State & Zip Code

MAITLAND FL

11c. Registration/Document Number

300002041523--5
-12/31/95--01004--0012
*****517.80 ***517.80**

CR2E003 (6/96)

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

DATE **12/11/96**

Typed or Printed Name of General Partner Signing Form

James E. Cooper

Daytime Telephone Number

407-875-1001