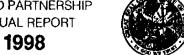
## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS

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1. Name of Limited Partnership	1a. DOCUMENT # <b>A25217</b>				
E PARC OF NAPLES, LTD.				1 (88)(8)( 1818 1788) (1788 (1788)	
Mailing Address	Principal Office Address		<del></del>	3. Dale Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record.
4200 GULF SHORE BOULEVARD NORTH NAPLES FL 23242	4200 GULF SHORE BOULEVARD NORTH NAPLES FL 323492		}	09/23/1987 38. Date of Last Report	\$6,000,000.00
•				11/05/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Malling Address	2a. Principal Office Address			FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number	Applied For
City & State	City & State			<b>65-0009805 7.</b> Certificate of Status Desired	Not Applicable  \$8.75 Additional
Zip 34103 Country	Zip 34103 Country			8. Make check payable to: Dept. of	\$8.75 Additional Fee Required  State (See reverse side for fee information)
9. Name and Address of Curren	t Registered Agent			10. If changed, new Registere	d Agent/Office
LUTGERT, SCOTT F 4200 GULF SHORE BLVD.N.		Name			
		Street Address (P.O. B Suite, Apt. #, etc.		30x Number 18 18 18 18 18 18 18 18 18 18 18 18 18	
NAPLES FL 33940		City		****541.25 ****541.25	
10a. Pursuant to the provisions of sections 620.1051 an		_ <u></u> _			<u>FL</u>
egent. I em familier with, and accept the obligation  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT  MUS	IS A CORPORATION, T BE REGISTERED AN	LIMITED ND ACTIV	PART	DATE NERSHIP OR OTHE 'H THIS OFFICE.	
11. Name(s) of General Partner(s)	Address of Each Gene	ral Partner 30x Numbers)	11b.	City, State & Zip Code	11c. Registration/ Document Number
LE PARC DEVELOPERS OF NAPLES	4200 GULF SHORE BLVD.		NAPL	.ES FL	J93608
					0 1 5 E
Note: General partners MAY NOT					
12. I do heraby certify that the information supplied with Corporations from any liability of non-compliance will this ennual report is true and accurate and that my significant ended to execute this report as required by chain the control of	i Section 119.07(3)(k) in the ovent that the griature shall have the same legal effects a	riornation at the	olie <b>a i</b> s deem	ed exempt from public access. I furth	er certify that the information indicated on J
SIGNATURE HOWARD B CUTIMAN	N VICE DECTRANT	E CENTRO	ντ <b>&gt;</b>	DATE DATE	11/19/97
Typed or Printed Name of General Partner Signing Form	N, VICE PRESIDENT O	r GENERA	TI PAR	Daytime Telephone Number	(941) 261-6100