

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED** *W40/30*  
**98 OCT 29 AM 9:36**  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

<b>1. Name of Limited Partnership</b>  LE PARC OF NAPLES, LTD.	<b>1a. DOCUMENT #</b> <b>A25217</b>
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<b>Mailing Address</b> 4200 GULF SHORE BOULEVARD NORTH NAPLES FL 34103	<b>Principal Office Address</b> 4200 GULF SHORE BOULEVARD NORTH NAPLES FL 34103	<b>3. Date Formed or Registered</b> 09/23/1987	<b>5a. Capital Contributions as Shown on record.</b> \$6,000,000.00
<b>2. Mailing Address</b>		<b>3a. Date of Last Report</b> 11/24/1997	
<b>2a. Principal Office Address</b>		<b>4. State or Country of Formation</b> FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>6. FEI Number</b> <input type="checkbox"/> Applied For 65-0009805 <input type="checkbox"/> Not Applicable	
City & State	City & State	<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country	Zip Country	<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b>  LUTGERT, SCOTT F 4200 GULF SHORE BLVD.N. NAPLES FL 33940
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<b>10. If changed, new Registered Agent/Office</b>
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City <span style="float: right;">FL</span> Zip Code

**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.**

<b>11. Name(s) of General Partner(s)</b>  LE PARC DEVELOPERS OF NAPLES	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 4200 GULF SHORE BLVD.	<b>11b. City, State &amp; Zip Code</b> NAPLES FL	<b>11c. Registration/Document Number</b> J93608
300002678893--2 -11/03/98--01036--022 *****526.25 *****526.25			

**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 _____ HOWARD B. GUTMAN, VICE PRESIDENT OF GENERAL PARTNER	DATE <i>10/27/98</i> (941) 261-6100
Typed or Printed Name of General Partner Signing Form	Daytime Telephone Number

CR2E003 (8/98)