

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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 24 PM 1:07

1. Name of Limited Partnership	1a. DOCUMENT # A25791
VISTAS OF NAPLES, LTD.	



Mailing Address 4200 GULF SHORE BOULEVARD NORTH NAPLES FL 34103	Principal Office Address 4200 GULF SHORE BOULEVARD NORTH NAPLES FL 34103	3. Date Formed or Registered 01/06/1988	5a. Capital Contributions as Shown on record. \$6,000,000.00
		3a. Date of Last Report 11/05/1996	5b. Amount of Capital Contributions in FLORIDA to date.
		4. State or Country of Formation FL	
2. Mailing Address	2a. Principal Office Address	6. FEI Number <input type="checkbox"/> Applied For 65-0045227 <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip Country	Zip Country		
34103	34103		

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
LUTGERT, SCOTT F 4200 GULF SHORE BLVD., NORTH NAPLES FL 33940	Name 200002360702--9
	Street Address (P.O. Box Number is Not Accepted) 12/02/97--01052--007
	Suite, Apt. #, etc. ****541.25 ****541.25
	City FL 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.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
VISTAS DEVELOPERS OF NAPLES,	4200 GULF SHORE BLVD.	NAPLES FL	K03624
			<i>OK</i> <i>11-25</i>

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 effect 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 **11/19/97**
HOWARD B. GUTMAN, VICE PRESIDENT OF GENERAL PARTNER (941) 261-6100
 Typed or Printed Name of General Partner Signing Form Daytime Telephone Number

CR2E003 (6/97)