

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

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
90 JAN 14 AM 7:49

1. Name of Limited Partnership

1a. DOCUMENT #
A30131

S.W. OF FORT MYERS LIMITED PARTNERSHIP

AA-AP-CT



Mailing Address

13488 POND APPLE DRIVE WEST
NAPLES FL 34119

Principal Office Address

13488 POND APPLE DRIVE WEST
NAPLES FL 34119

3. Date Formed or Registered

05/25/1990

5a. Capital Contributions as Shown on record

\$359,200.00

3a. Date of Last Report

02/05/1998

5b. Amount of Capital Contributions in FLORIDA to date

8000.00

4. State or Country of Formation

FL

6. FEI Number

65-0195707

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Annual Fee Required

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

2. Mailing Address

Suite, Apt. #, etc

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc

City & State

Zip Country

9. Name and Address of Current Registered Agent

DESIMONE, P. GERALD
13488 POND APPLE DRIVE WEST
NAPLES FL 34119

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc

City

10. If changed, new Registered Agent/Office

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)

ADAMS, DANIEL F.
DESIMONE, P. GERALD

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

2621 CLEVELAND AVE.
13488 POND APPLE DRIV

11b. City, State & Zip Code

FT. MYERS FL
NAPLES FL 33999

11c. Registration Document Number

00128499-0008-002
****144.75 ****144.75

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 exception 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

David P. Narda

DATE

2/28/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)