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

LIMITED PARTNERSHIP ANNUAL REPORT 1998

DOONER FAMILY EQUITIES, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

一學一樣一年一年 一年 一年 五十五年 五十五年

DOCUMENT# A95000000691

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC - 9 PM 3: 08



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Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
-1010 STH AVENUE-SOUTH, -SUITE 200 NAPLES FL-39940	1010 5TH AVENUE SOUTH. SUITE 300 NAPLES FL-33 940 —		04/27/1995 3a. Date of Last Report	\$2,258,627.00	
			12/12/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		A 2 250 627 A	
Post Office Box 7369	1010 Fifth Avenue South		<u> FL</u>	\$ 2,258,627.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	Suite 300 City & State		65-0597596	Not Applicable	
Naples, Florida	Naples, Florida		7. Certificate of Status Desired	\$8.75 Additional	
	Zip Country		- Continued of States Doores	Fee Required	
34101 Collier	34102 Col	lier	8. Make check payable to: Dept. of	State (See reverse side for fee information	
9. Name and Address of Current Registered Agent			10. If changed, new Rogistered Agent/Office		
Namo			Anton E. Dooner		
Streol Address		Streot Address (P.O. E	ess (P.O. Box Number Is Not Acceptable)		
		1010 Suite, Apl. #, etc.	1010 Fifth Avenue South		
			Suite 300		
		City		Zip Code	
		Naple		FL 34102	
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or agent, I am familiar with, and accept the obligations	registered agent, or both, in the State of Flori s of section 620.192, Florida Statutes.	da. Such change was au	ithorized by its general partner(s). I hor	eby accept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)		June	DATE	12/5/97	
A GENERAL PARTNER THAT MUS	· · · · · · · · · · · · · · · · · · ·	IMITED PART	NERSHIP OR OTHE		
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NO1 Use Post Office Box	Partnor Numbers) 11b.	City, State & Zip Code	11c. Registration/ Decument Number	
DOONER MANAGEMENT, INC. 1010 5TH AVENUE SOUTH			PLES FL=33940 3 4 1 0 2	P95000029954	
			900002 -12/12 *****5	3704696 /9701036023 41.25 ****\$41.25	
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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. 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 eath. Further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Dooner Management, Inc. By:

Typed or Printed Name of General Partner Signing Form

Anton E. Dooner, President
Daytinic Telephone Number