

**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. Moatham
Secretary of State
DIVISION OF CORPORATIONS

SEC. FILED
DIVISION OF CORPORATIONS
99 JAN 27 PM 3:35

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000691

DOONER FAMILY EQUITIES, LTD.

Mailing Address

P.O. BOX 7369
NAPLES FL 34101

Principal Office Address

1010 5TH AVENUE SOUTH, SUITE 300
NAPLES FL 34102

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

04/27/1995

3a. Date of Last Report

12/09/1997

4. State or Country of Formation

FL

6. FLL Number

65-0597596

7. Certificate of Status Desired

Applied For
 Not Applicable

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

5a. Capital Contributions as Shown on record

\$2,258,627.00

5b. Amount of Capital Contributions in FLL FORM to date

\$ 2,258,627.00

\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent

DOONER, ANTON E
1010 5TH AVENUE SOUTH, SUITE 300
NAPLES FL 34102

Name

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

Suite, Apt. #, etc.

City

FL Zip Code

10. If changed, new Registered Agent/Office

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)

DOONER MANAGEMENT, INC.

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

1010 5TH AVENUE SOUTH

11b. City, State & Zip Code

NAPLES FL 34102

11c. Registration Document Number

P95000029954

40000027670724-01
-02/08/99-01020-023
****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

DATE

12/10/98

Typed or Printed Name of General Partner Signing Form

Anton E. Dooner

Daytime Telephone Number

941-643-4211

CR2E003 (8/98)