

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV 18 AM 11:45

KE 11/25



1. Name of Limited Partnership
2052 MCGREGOR PARTNERSHIP, LTD.

1a. DOCUMENT #
A95000000715

| | |
|--|--|
| 2. Mailing Address 2070 MCGREGOR BLVD., SUITE 4 FORT MYERS FL 33901 | 2a. Principal Office Address 2070 MCGREGOR BLVD., SUITE 4 FORT MYERS FL 33901 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

| | |
|--|--|
| 3. Date Formed or Registered 05/08/1995 | 5a. Capital Contributions as Shown on record. \$138,253.51 |
| 3a. Date of Last Report 11/08/1995 | 5b. Amount of Capital Contributions in FLORIDA to date: 138,253.51 |
| 4. State or Country of Formation FL | 6. FEI Number 65-0571611 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 7. Certificate of Status Desired <input checked="" type="checkbox"/> | 8. Make check payable to Dept. of State (See reverse side for fee information) \$8.75 Additional Fee Required |

9. Name and Address of Current Registered Agent

CORBIN HENDERSON COMPANY
2070 MCGREGORY BLVD., SUITE 4
FORT MYERS FL 33901

10. If changed, new Registered Agent/Office

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, etc. _____
City _____ FL Zip Code _____

10a. Pursuant to the provisions of sections 620.1061 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.

* No change signed in error. *Randall P. Henderson Jr., President* DATE 11-13-96
SIGNATURE (Registered Agent Accepting Appointment)

**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 |
|-----------------------------------|---|-----------------------------|-----------------------------------|
| SIMARO CORPORATION | 5801 PELICAN BAY BOUL | NAPLES FL 33963 | P95000012574 |
| CORBIN HENDERSON COMPANY | 2070 MCGREGOR BLVD., | FT MYERS FL 33901 | 510970 |

100002014701--2
-11/26/95--01117--020
****585.00 ****585.00

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 *CORBIN HENDERSON COMPANY By: Randall P. Henderson Jr., President* DATE 11-13-96
Typed or Printed Name of General Partner Signing Form *RANDALL P. HENDERSON JR., PRES.* Daytime Telephone Number 941-334-4212

CR2E003 (6/96)