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

A95000001027

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
98 DEC 30 PM 3:12

1. Name of Limited Partnership	1a. DOCUMENT #
PHELAN FAMILY LIMITED PARTNERSHIP	A95000001027

Mailing Address	Principal Office Address
6001 Pelican Bay Blvd,. #704 Naples, FL 34108	6001 Pelican Bay Blvd. #704 Naples, FL 34108

2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered: 7/10/95	5a. Capital Contributions as Shown on record.: $1,700,000.00
3a. Date of Last Report: 12/97	5b. Amount of Capital Contributions in FLORIDA to date: $1,700,000.00
4. State or Country of Formation: FL	
6. FEI Number: 65-0623422 ☐ Applied For ☐ Not Applicable	
7. Certificate of Status Desired ☐ $8.75 Additional Fee Required	
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 Registered Agent/Office
Phelan, Edmund c/o Cummings & Lockwood 3001 Tamiami Trail Naples, FL 34103	Name Street Address (P.O. Box Number Is Not Acceptable) 400002734884--2 Suite, Apt. #, etc. -01/08/99--01080--017 City ****526.25 FL Zip Code ****526.25

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
Edmund L. Phelan, as Trustee of the Edmund L. Phelan Rev. Trst. dted 4/13/92	6001 Pelican Bay Blvd.	Naples, FL 34108	
Marguerite J. Phelan, as Trustee of the Marguerite J. Phelan Rev. Trst. dtd 4/13/92	6001 Pelican Bay Blvd.	Naples, FL 34108	

BK 12/30/98

CR2E003 (8/98)

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 Edmund L. Phelan Marguerite J. Phelan DATE 12/29/98

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____