

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 MAR 18 AM 9:57

1. Name of Limited Partnership JCS NAPLES INVESTMENTS, LTD.	1a. DOCUMENT # A95000001682
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Mailing Address P.O. BOX 413038 NAPLES FL 33944	Principal Office Address 2600 GOLDEN GATE PARKWAY, SUITE 200 NAPLES FL 33942-3296	2. Mailing Address Suite, Apt. #, etc. City & State Zip Country 34101	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country 34105
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3. Date Formed or Registered 11/03/1995	5a. Capital Contributions as Shown on record. \$9,000,000.00
3a. Date of Last Report 12/04/1995	5b. Amount of Capital Contributions in FLORIDA to date: \$ 5,040,000
4. State or Country of Formation FL	6. FEI Number 65-0616233 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/> \$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 SPROUL, JULIET C 2600 GOLDEN GATE PARKWAY, SUITE 200 NAPLES FL 33942-3296
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10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code 34105

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
JC SPROUL, INC.	2600 GOLDEN GATE PARK	NAPLES FL 33942	P95000084111

800002120768--5
 -03/21/97--01087--012
 New Fees ***\$41.25 *****KMM

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 <i>Juliet C. Sproul</i> Typed or Printed Name of General Partner Signing Form JULIET C SPROUL	DATE 2-26-97 Daytime Telephone Number 941-262-2600
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CR2E003 (1/7/96)