

**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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION OF CORPORATIONS
99 JAN 20 PM 1:03

1. Name of Limited Partnership: JCS NAPLES INVESTMENTS, LTD.		1a. DOCUMENT # A95000001682	
Mailing Address P.O. BOX 413038 NAPLES FL 34101	Principal Office Address 2600 GOLDEN GATE PARKWAY, SUITE 200 NAPLES FL 34105		
2. Mailing Address Suite, Apt #, etc City & State Zip Country	2a. Principal Office Address Suite, Apt #, etc City & State Zip Country		



3. Date Form or Registered 11/03/1995	5a. Capital Contributions as Shown on record \$9,000,000.00
3a. Date of Last Report 03/09/1998	5b. Amount of Capital Contributions in FL (Gross to date) \$4,613,895
4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FEI Number 65-0616233	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Annual Fee Required
8. Make check payable to Dept. of State (See reverse side for information)	

9. Name and Address of Current Registered Agent SPROUL, JULIET C 2600 GOLDEN GATE PARKWAY, SUITE 200 NAPLES FL 34105	10. If changed, new Registered Agent Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt #, etc City FL Zip Code
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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) JC SPROUL, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2600 GOLDEN GATE PARK	11b. City, State & Zip Code NAPLES FL ³⁴¹⁰⁵ 33942 3206	11c. Registration Document Number P95000084111
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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 *Juliet C. Sproul* DATE **12/18/98**
Typed or Printed Name of General Partner Signing Form: **Juliet C. Sproul** Daytime Telephone Number: **941 262-2600**

CR25000 (8/98)