

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAR -9 AM 11:54

<b>1. Name of Limited Partnership</b>	<b>1a. DOCUMENT #</b> <b>A95000002010</b>
<b>BARRON COLLIER INVESTMENTS, LTD.</b>	



<b>Mailing Address</b> P.O. BOX 413038 NAPLES FL 34101		<b>Principal Office Address</b> 2600 GOLDEN GATE PARKWAY STE. 200 NAPLES FL 34105		<b>3. Date Formed or Registered</b> 12/22/1995	<b>5a. Capital Contributions as Shown on record.</b> \$14,170,800.00
<b>2. Mailing Address</b>		<b>2a. Principal Office Address</b>		<b>3a. Date of Last Report</b> 03/18/1997	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> \$ 9,149,926
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. State or Country of Formation</b> FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		<b>6. FEI Number</b> 65-0630512	
Zip		Country		<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>					

<b>9. Name and Address of Current Registered Agent</b> COLLIER, BARRON III 2600 GOLDEN GATE PARKWAY SUITE 200 NAPLES FL 33942-3206	<b>10. If changed, new Registered Agent/Office</b> Name 5000002455925--9 Street Address (P.O. Box Number is Not Acceptable) 63/12/98--01110--013 Suite, Apt. #, etc. *****526.25 *****526.25 City FL Zip Code 34105
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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.**

<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/ Document Number</b>
COLLIER, BARRON III	2600 GOLDEN GATE PARK	NAPLES FL 33942	
WYNTON, HAROLD S TRUSTEE	2600 GOLDEN GATE PARK	NAPLES FL 33942	
SPROUL, KATHERINE G TRUSTEE	2600 GOLDEN GATE PARK	NAPLES FL 33942	
SPROUL, JULIET C TRUSTEE	2600 GOLDEN GATE PARK	NAPLES FL 33942	
COLLIER, MARGUERITE R	2600 GOLDEN GATE PARK	NAPLES FL 33942	
GABLE, LAMAR	2600 GOLDEN GATE PARK	NAPLES FL 33942	

**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 2-25-98

Typed or Printed Name of General Partner Signing Form JULIET C. SPROUL Daytime Telephone Number 941-262-2600

CR2E003 (12/97)