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

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

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1999	DIVISION OF CORPORATIONS		NS	,	<i>3 m.</i>	J. 17	
1. Name of Limited Partnership	1a. DOCUMENT # A9600002287						
VOYAGER PROPERTIES, LTD.	ag-AR						
Mailing Address 1530 MANDARIN DRIVE NAPLES FL 33940	Principal Office Address 1530 MANDARIN DRIVE NAPLES FL 34102			<ol> <li>Date Formed or Registered</li> <li>12/05/1996</li> <li>3a. Date of Last Report</li> <li>04/13/1998</li> </ol>	5a. Capital Contributions as Shown on record \$29,588.58  5b. Amount of Capital Contributions in Ft OrtiOA		
2. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	2a. Principal Office Address  Suite, Apt. #, etc  City & State  Zip Country			4. State or Country of Formation FL 6. FET Number 65-0709957 7. Certificate of Status Desired 8. Mich chick paratients Dept. of	to date  29, 588.58  Applied For Not Applicable  \$8.75 Additional Technology State (See reverse side for fee information)		
		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable)					
		Suite, Apt. #, etc.  City  FL  Zip Code  named limited partnership organized or registered under the laws of the State of Fluida, submits this statement of Fluida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered.					
SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT I  MUST	BE REGISTERED AN	D ACTIV					
11. Name(s) of General Partner(s)  DUNNUCK, SCOTT  COUNCILOR, CAVIN	11a. (Do NOT Use Post Office Box Numbers)  1530 MANDARIN DRIVE  1037 5TH AVENUE NORTH		NAPLES FL 34102  NAPLES FL 34102		11c.	Registration' Document Number	
•				之任 (1) 11 11 12 - (1) (2) (1) - (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	1/44 - 11 295 817	1003111 *****55.87	
Note: General partners MAY NOT	ne changed on this form	ı, an ame	enumei	ir must be med to cu	ange a go	eneral partner.	

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption statut in Section 119 07(3)(f). Filind a Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119 07(3)(f) in the event that the information supplied is deemed exempt from public access. I further certify that he 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 have a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE.

DATE.

SIGNATURE ....

Typed or Printed Name of General Partner Signing Form.

Lutt R Durwock

DATE: 12/88/88 Daytimie Telephone Number 947-761-4774