

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO 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

97 DEC 30 PM 4:13

11/2

1. Name of Limited Partnership	1a. DOCUMENT # A97000002567
McCready Manhattan Limited Partnership	

Mailing Address 4351 Gulf Shore Blvd. N., #17N Naples, FL 34103	Principal Office Address Same	3. Date Formed or Registered 11/26/97	5a. Capital Contributions as Shown on record \$ 5,000,000.00
2. Mailing Address Same	2a. Principal Office Address Same	3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date: 0
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-3481995
City & State	City & State	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country	Zip Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent Antonio Faga 375 12th Avenue, S. Naples, FL 34102	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) James McCready	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4351 Gulf Shore Blvd. N.	11b. City, State & Zip Code Naples, FL 34102	11c. Registration/Document Number 500002400765--5 -01/15/98--01003--001 ****156.25 ****156.25
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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 *JR McCready*, GENERAL PARTNER DATE **12.29.97**
Typed or Printed Name of General Partner Signer **J P McCready** Daytime Telephone Number **330.849.6503**

CR2E003 (6/97)