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

1. Name of Limited Partnership

DOCUMENT# 1a.

DIVISION OF CORPORATIONS
98 DEC 11 AMIO: 07

	A97000002799						
MITCHELL HOLDINGS, LTD.				(D) [2/17			
Mailing Address Principal Office Address			;	Date Formed or Registered	5a. Capital Contributions as Shown on record.		
PA 2 2 4051 GULF SHORE BLVD. NORTH 22 NAPLES FL 34103	4051 GULF SHORE BLVD. NORTH AND NAPLES FL 34103			12/22/1997 3a. Date of Last Report \$150,000.00			
				1. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address 4051 GULF SHORE BWO NORTH	2a. Principal Office Address 4051 AULF SHOLE BLVD. JORGH			FL			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			, FEI Number	Applied For		
City & State	PH 1-2. City & State			59-3483010			
Naples Fl	NAPLES FL			Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip Country 34103 COLLIER		Country LLIER	1	Make check payable to: Dept. of S	State (See reve	erse side for fee information)	
		I		10. If changed, new Registered			
9. Name and Address of Current Re	10, If changed, new Registered Agent/Office Name						
BURKE, WILLIAM M ESQ.		Street Address (P.O. Box Number Is Not Acceptable)					
C/O BOND, SCHOENECK & KING, P.A.							
1167 THIRD STREET SOUTH, SUITE 107			tc.				
NAPLES FL 34102			City FL Žip				
10a. Pursuant to the provisions of sections 620.1051 and 63 for the purpose of changing its registered office or registered. I am familiar with, and accept the obligations of	stered agent, or both, in the State of Floric	d limited partnershi da. Such change w	ip organize vas authoriz	d or registered under the laws of the ted by its general partner(s). I hereby	State of Florion accept the ap	ia, submits this statement appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)		DATE					
A GENERAL PARTNER THAT IS MUST	<u>BE REGISTERED ANI</u>	D ACTIVE	ARTN WITH	ERSHIP OR OTHE THIS OFFICE.	R BUSI		
11. Name(s) of General Partner(s)	11a. Address of Each General	Partner 1 x Numbers) 1	1b.	City, State & Zip Code	11c.	Registration/ Document Number	
MITCHELL, GERALD M	4051 GULF SHORE BLVD		NAPLI	ES FL 34103			
MITCHELL, MARILYN E	4051 GULF SHORE BLVD	#202	NAPLI	ES FL 34103			
				3000027 -12/21/9 *****52	1 6.8 6.25	530 102002 ****526.25	

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 Merold n	1 Witchel	人		DATE 12-	171	98
yped or Printed Name of General Partner Signing Form			MITCHELL Davime Telephone	Number 941	649	1234