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

LIMITED PARTNERSHIP ANNUAL REPORT 1999

Typed or Printed Name of General Partner Signing Form MAKY



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A9800000848

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A3000000046				TALLAHASSEE, FLORIDA		
1227 ENTERPRISE AVENUE, L	TD.					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	٦	
4251 LAKE FOREST DRIVE. #214 BONITA SPRINGS FL 34134	4251 LAKE FOREST DRIVE. #214 BONITA SPRINGS FL 34134		04/02/1998 3a. Date of Last Report	\$980,000.00		
					5b. Amount of Capital Contributions in FLORIDA	1
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to date:	
102 Clubhouse Drive	102 Clubhouse	Drive		FL		
Suite, Apt. #, etc. Apt. #377	Suite, Apt. #, etc. Apt. #377		6. FEI Number	Applied For		
City & State	City & State		65-0845489	Not Applicable	4	
Naples, Florida Zip Country	Naples, Florida Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required		
34105 USA		USA		8. Make check payable to: Dept. of S	State (See reverse side for fee information)	]
			10 Katanad and Darkton Access (1987)			
9, Name and Address of Current Registered Agent		10, If changed, new Registered Agent/Office				┨
BURKE, WILLIAM M ESQ.	·		Street Address (P.O. Box Number Is Not Acceptable)			
C/O BOND, SCHOENECK & KING, P.A.				7000027291272		
1167 THIRD STREET SOUTH, SUITE 107	Suite, Apt. #, 6		f, etc.	-01/13/9901025009		
NAPLES FL 34102		City		****5	26.25 ****526.25 *	1
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or regagent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT I MUST	gistered agent, or both, in the State of Floridal Statutes.  IS A CORPORATION, L. BE REGISTERED ANI	ia. Such chang	e was auth	orized by its general partner(s). I hereby  DATE_	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	Address of Each General (Do NOT Use Post Office Box	Partner x Numbers)	11b.	City, State & Zip Code	11c. Registration/ Document Number	
4227 ENTERPRISE AVENUE, INC.	-4251 LAKE FOREST DRIV 102 Clubhouse Dr. Apt. 377		-	HTA SPRINGS FL 341	P98000030534	CR2E003 (8/98)
Note: General partners MAY NOT	be changed on this form	; an ame	endme	nt must be filed to cha		0
12. I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with S this annual report is true and accurate and that my signs empowered to execute this report as required by chapte	ection 119.07(3)(k) in the event that the info ature shall have the same legal effects as if or 620, Florida Statutes.	rmation suppli made under or	ed is deeme ath. I further	ed exempt from public access. I further of the certify that I am a General Partner of the	certify that the information indicated on the limited partnership, receiver or trustee	
CICNATURE MAN	tt Jobec.	X.	<i>J</i>	_ 1 _ 1 ~	5/20/98	