

**DECEMBER 31, 1996 OR PARTNERSHIP  
SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**PARTNERSHIP  
ANNUAL REPORT  
1997**



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

**FILED**  
**97 JAN -2 AM 10:45**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



<b>1.</b> Name of Limited Partnership	<b>1a.</b> DOCUMENT # <b>A29906</b>
<b>GASPARILLA PARTNERS OF BOCA GRANDE, LTD.</b>	

<b>Mailing Address</b> 1861 PLACIDA ROAD, SUITE 204 ENGLEWOOD FL 34223		<b>Principal Office Address</b> 1861 PLACIDA ROAD, SUITE 204 ENGLEWOOD FL 34223		<b>3.</b> Date Formed or Registered 04/11/1990	<b>5a.</b> Capital Contributions as Shown on record.  <b>\$300,000.00</b>
				<b>3a.</b> Date of Last Report 01/03/1996	
<b>2.</b> Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country		<b>2a.</b> Principal Office Address  Suite, Apt. #, etc.  City & State  Zip                      Country		<b>4.</b> State or Country of Formation FL	<b>5b.</b> Amount of Capital Contributions in FLORIDA to date:
				<b>6.</b> FEI Number 65-0188964	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				<b>7.</b> Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)					

<b>9. Name and Address of Current Registered Agent</b>  <b>BATSEL, C. GUY</b> 1861 PLACIDA ROAD, SUITE 204 ENGLEWOOD FL 34223		<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
		100002052071--3 -01/03/97--01024--013 *****575.25 *****575.25 FL Zip Code	

**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.</b> Name(s) of General Partner(s)	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)	<b>11b.</b> City, State & Zip Code	<b>11c.</b> Registration/Document Number
GASPARILLA SMA, INC.	P.O. BOX 1010	BOCA GRANDE FL	L47780
<div align="right" style="font-size: 2em;">✓</div>			

**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 **12-23-96**

CR2E003 (6/96)