



**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		FILED 98 OCT 29 PM 2:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
1. Name of Limited Partnership ENCLAVE OF NAPLES, LTD.		1a. DOCUMENT # A26283			
Mailing Address 4200 GULF SHORE BLVD. NORTH NAPLES FL 34103		Principal Office Address 4200 GULF SHORE BLVD. NORTH NAPLES FL 34103		3. Date Formed or Registered 04/15/1988 3a. Date of Last Report 11/24/1997 4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$6,000,000.00 5b. Amount of Capital Contributions in FLORIDA to date: 6. FEI Number 65-0046454 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent LUTGERT, SCOTT E 4200 GULF SHORE BOULEVARD NORTH NAPLES FL 33940				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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.					
11. Name(s) of General Partner(s) ENCLAVE DEVELOPERS, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4200 GULF SHORE BLVD.		11b. City, State & Zip Code NAPLES FL 300002678863--S -11/03/98--01036--014 ****526.25 ****526.25 AL OCT 29 1998	
11c. Registration/Document Number M76701		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 _____ HOWARD B. GUTMAN, VICE PRESIDENT OF GENERAL PARTNER				DATE 10/27/98 (941) 261-6100	
Typed or Printed Name of General Partner Signing Form				Daytime Telephone Number	

CR2E003 (8/98)