

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 22 PM 2:55

1. Name of Limited Partnership C.S.L. & G. DEVELOPMENT, LTD.	1a. DOCUMENT # A01407
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Mailing Address 3591 FOWLER STREET (P. O. BOX 6966) FT. MYERS FL 33911	Principal Office Address 3591 FOWLER STREET (P. O. BOX 6966) FT. MYERS FL 33911	3. Date Formed or Registered 02/24/1971	5a. Capital Contributions as Shown on record. \$1,674,200.00
		3a. Date of Last Report 12/22/1997	5b. Amount of Capital Contributions in FLORIDA to date: 893,375.00
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	6. FEI Number 59-1323296
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State	City & State	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent CRONIN, THOMAS R. 3591 FOWLER FT. MYERS FL 33901	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) CRONIN, T.R. SYMONDS, C.M., JR. LABODA, GERALD	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3591 FOWLER STREET 3916 CLEVELAND AVE 5285 OVER RIVER DR.	11b. City, State & Zip Code FT. MYERS FL FT. MYERS FL FT. MYERS FL	11c. Registration/Document Number 400002732674--9 -01/07/99--01008--021 ****535.00 ****535.00
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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 Thomas R. Cronin Sr. DATE 12/14/98

Typed or Printed Name of General Partner Signing Form THOMAS R. CRONIN SR. Daytime Telephone Number 941-936-8888

CR2E003 (8/98)