FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A09739**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 MAR 31 PH 4: 19



WATERSIDE WOODS,	LTD.					TILING NOTI BIOTI BIOTI BIOTI BIOTI BIOTI	1000 1541
Mailing Address 333 S. TAMIAMI TRAIL SUITE 201 VENICE FL 34285		Principal Office Address 333 S. TAMIAMI TRAIL SUITE 201 VENICE FL 34285			3. Date Formed or Registered 12/12/1980 38. Date of Last Report 12/18/1995	5a. Capital Contributions as Shown on record. \$365,510.00 5b. Amount of Capital Contributions in FLORIDA	
2. Malling Address 2 & O I FRUITVILLE ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.			RUNTVILLE	4. State or Country of Formation FL 6. FEI Number 59-2072361		to date:	
City & State SARASOTA, FL		City & State SARASITA FL			7. Certificate of Status Desired	Not Applicable \$8.75 Additional	
Zip Country 34237 SARASOTA		ZipC		SOTA		Status Desired \$8.75 Additional Fee Required payable to: Dept. of State (See reverse side for fee Information)	
DAK!	nsoth	21021	3414	END) M			
9. Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office			
REGAN, DONALD T., JR. 333 S. TAMIAMI TRAIL SUITE 201 VENICE FL 34285			Suite	Street Address (P.O. Box Number is Not Acceptable) 2 Solite Apt. *, etc. Suite, Apt. *, etc. City Cook Apt. El Zo Code			
	red office or registe? obligations of section Appointment) ER THAT IS	od agent, or both, in the Sta 620,192, Florida Statutes Minus	te of Floridge Sughi che	nge was author		3-25-97	red agent.
11, Name(s) of General Partner(s)			Cash Consest Barton		City, State & Zip Code	11c. Registratio	
REGAN, DONALD T.,JR.		333 8. TAMIAMI TR. #2 JSOI FRUIT VILLE RAS SUITE 135 SARABOTA, FL 34237) *	ENICE FL 34285 SARAENTA, FL 3423		
					300002 -04/02 *****	131273- 757-01062-00 41.25 ****541	-8 8 .25
Note: General partners	MAY NOT b	e changed on t	his form; an	amendm	ent must be filed to ch	ange a general par	rtner.
12 I do hereby certify that the Information Corporations from any liability of non	n supplied with this fi -compliance with Sec id that my signature s	ling is voluntarily furnished tion 119.07(8)(k) in the eve thall have the same legal et	and does not qualify fo ant that the information	r the exemption supplied is dee	stated in Section 119.07(3)(k), Florida med exempt from public access. I furth vertify that I am a General Partner of the	Statutes. I release the Division of er certify that the Information indic	r cated on this
SIGNATURE WYW	111.	Ry		_ 	DATE	3-25-97	<u> </u>
Typed or Printed Name of General Partner S	Signing Form	<i>[</i>]	****		Daytime Telephone Number	941)364-811	9

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