FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 11 PM 12:58
SEC. OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT # A12422

NORTH CAPE INDUSTRIAL LIMITED PARTNERSHIP

Mailing Address	Principal Office Address
2603 NE 9TH AVE CAPE CORAL FL 33909	2603 NE 9TH AVE CAPE CORAL FL 33909

2. Mailing Address: 2534 NE 9th Ave
Suite, Apt. #, etc.: \
City & State: CAPE CORAL Fl.
Zip: 33909 Country: USA

2a. Principal Office Address: 2534 NE 9th Ave
Suite, Apt. #, etc.: \
City & State: CAPE CORAL, FL
Zip: 33909 Country: USA

3. Date Formed or Registered: 04/23/1982

3a. Date of Last Report: 12/20/1996

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $417,570.00

5b. Amount of Capital Contributions in FLORIDA to date:

6. FEI Number: 65-0040616 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ $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

BARTON, DAVID A.
2603 NE 9TH AVENUE
CAPE CORAL FL 33909

10. If changed, new Registered Agent/Office

Name: SAME AS PREVIOUS
Street Address (P.O. Box Number Is Not Acceptable): 2534 NE 9th. Avenue
Suite, Apt. #, etc.: \
City: Cape Coral. FL Zip Code: 33909

10a. Pursuant to the provisions of sections 620.1061 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 I 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
B. INVESTMENTS, INC.	2603 NE 9TH AVENUE	CAPE CORAL FL	F63441

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****541.25 ****541.25

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: Robert Barton DATE: 12-6-97

Typed or Printed Name of General Partner Signing Form: VICE PRESIDENT Daytime Telephone Number: 941-772-9889

(850) 205-0380