City & State       City & State       59-2421177       In Not Application         Zip       Country       Zip       Country       Zip       State       7. certificate of Status Desired       Stat 78 Assat         Zip       Country       Zip       Country       Zip       Country       B. Mane and Address of Current Registered Agent       10. If Charged, new Registered AgentOffice         #ETT, HAROLD J.       Asset HIDDEN RVER RD.       Street Address (PC) Box Number is Not Acceptable)       Street Address (PC) Box Number is Not Acceptable)         Street Address (PC) Box Number is Not Acceptable)       Street Address (PC) Box Number is Not Acceptable)       Street Address (PC) Box Number is Not Acceptable)         Street Address (PC) Box Number is Not Acceptable)       Street Address (PC) Box Number is Not Acceptable)       Street Address (PC) Box Number is Not Acceptable)         Street Address (PC) Box Number is Not Acceptable)       Street Address (PC) Box Number is Not Acceptable)       Street Address (PC) Box Number is Not Acceptable)         Street Address (PC) Box Number is Not Acceptable)       Street Address (PC) Box Number is Not Acceptable)       Street Address (PC) Box Number is Not Acceptable)         Street Address (PC)       FE       Output       FE       FE         Street Address (PC)       Street Address (PC) Box Number is Not Acceptable)       To Box Number is Not Acceptable)         Street Address (PC)	LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
Mailing Address     Philopial (Bice Address     3. Date Formed or Registered OV/13/1984     58. Special Counterline State State       SMARSOTA FL State OV/23/1984     S. Date Formed or Registered OV/13/1984     58. Special Counterline State     58. Special Counterline State       2. Mailing Address     28. Principal Office Address     H       Bulle, Apt. R. etc.     Suite, Apt. R. etc.     59. 2221177     Applied For State       Coy & State     City & State     7. Conduct of State Date     9. Applied For State       29.     Country     2p     Country     8. Aut. arks topsido For State Date     9. Toppido For State Date       29.     Country     2p     Country     8. Aut. arks topsido For State Date     9. Toppido For State Date       9.     Here and Address of Current Registered Agent     10. If changed: new Registered AgentOffice     9.7 For State Address (FO Bio Number Is Not Accepted State Address (FO Bio Number Is Not Accepted Date (State Principal Date)     9. Toppido For State Address (FO Bio Number Is Not Accepted Date (State Principal Date)     9. Toppido For State Address (FO Bio Number Is Not Accepted Date (State Principal Date)       10.     If Address of Current Registered Agent Line Address (FO Bio Number Is Not Accepted Date)     9. Toppido For State Address (FO Bio Number Is Not Accepted Date)     9. Toppido For State Address (FO Bio Number Is Not Accepted Date)     9. Toppido For State Address (FO Bio Number Is Not Accepted Date)     9. Toppido For State Address (FO Bio Number Is Not Accepted Date)	1. Name of Limited Partnership				hi 4:24
Set HODER INCERT RD: SARASOTA FL 3420       Set ENDORN RIVER RD: SARASOTA FL 3420       Set	ALTY APPROACH LIMITED	PARTNERSHIP			
See HODEL RIVER RD. SAMASOTA FL 3420  SAMASOTA FL 5420  SAMASOTA FL 5420  SAMASOTA FL FL 3420  SAMASOTA FL FL 3420  NOTE  A GENERAL PARTNER THAT IS A CORPORATION. LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  SAMASOTA FL AND SAMASOTA FL 3420  NORTH CAPTIVA AR, NC.  SAMASOTA FL 3420  SAMASOTA FL 3420  SAMASOTA FL SAMASOTA FL 3420  NORTH CAPTIVA AR, NC.  SAMASOTA FL 3420  SAMASOTA FL 5420  SAMASOTA FL 3420  SAMASOTA FL 5420  SAMASOTA F	Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as
SMOUNT FL SK0       SMOUNT FL SK0       SMOUNT FL SK0       Set East a control of second for control of second for the second fo	4346 HIDDEN RIVER RD. 4346 HIDDEN RIVER RD.			04/13/1984	
2. Mailing Address       2a. Principal Office Address       4. Sole or Country of Formation       Control of the Country of Formation         2. Mailing Address       Suite, Apt. #, etc.       0. First Number       6. First Number       6. First Number         2b(0, Apt. #, etc.       City & State       7. Centrate of Status Desired       9. Principal Office Address       7. Centrate of Status Desired       9. Principal Office Address         2p       Country       2p       Country       7. Centrate of Status Desired       9. Principal Office Address         3p. Name and Address of Current Registered Agent       10. If changed, new Registered AgentOffice       10. If changed, new Registered AgentOffice         4046 HIDDEN RIVER RD.       State Address (PC. Box Number Is Nut Acceptation)       State Address (PC. Box Number Is Nut Acceptation)         5046, Apr. #, etc.       Country       State Address (PC. Box Number Is Nut Acceptation)       State Address (PC. Box Number Is Nut Acceptation)         5046, Apr. #, etc.       Country       State Address (PC. Box Number Is Nut Acceptation)       State Apent Address (PC. Box Number Is Nut Acceptation)         5046, Apr. #, etc.       Country       State Address (PC. Box Number Is Nut Acceptation)       State Apent Address (PC. Box Number Is Nut Acceptation)         5046, Apr. #, etc.       Country       Country       State Apent Address (PC. Box Number Is Nut Acceptation)       State Apent Address (PC. Bo	SARASOTA FL 34240	SARASOTA FL 34240			
Suite, Apt. #, etc.         Suite, Apt. #, etc.         FL           City & State         City & State					D. Amount of Capital Contributions In FLORIDA to date:
City & State       City & State       State<	2. Mailing Address	2a. Principal Office Address			
City & State       City & State       7. Certificate of Status Desired       \$8,75, Acdemic Preprint         Zip       Country       Zip       Country       8, Mak check payable to Dept of State (See reverse side for tee integration of State (See reverse side (See reverse See reverse side for tee integration of State (See reverse See reverse side for tee integration of State (See reverse See reverse side for tee integration of State (See reverse See reverse side for tee integration of State (See reverse See reverse side for tee integration of State (See reverse See reverse side for tee integration of State (See reverse See reverse side for tee integration of State (See reverse See reverse side for tee integration of State (See reverse See reverserse See reverse See reverse See reverse See reverse See revers	Suite, Apt. #, etc.	Suite, Apt. #, etc.		••	Applied For
Zip         Country         Zip         Country         Pre Require           9. Hame and Address of Currant Registered Agent         10. If changed, new Registered Agent (Change)         10. If changed, new Registered Agent (Change)         Name           FETT, HAROLD J.         3346 HIDDEN RVER RD.         Skreet Address (PO, Box Number Is Nd Acceptable)         Skreet Address (PO, Box Number Is Nd Acceptable)           Skreet Address (PO, Box Number Is Nd Acceptable)         Skreet Address (PO, Box Number Is Nd Acceptable)         Skreet Address (PO, Box Number Is Nd Acceptable)           10a.         Fusion to be providions of sections (20, 1051 and 620, 192, Fordis Statutes, the above named limited partnership organized or registered under the laws of the Statu of Fordid, statutes (Fordid, Statutes, the above named limited partnership organized or registered under the laws of the Statu of Fordid, statutes (Fordid Statutes, the above named limited partnership organized or registered under the laws of the Statu of Fordid, statutes (Fordid Statutes, the above named limited partnership organized or registered under the laws of the Statute of Fordid, statutes (Fordid Statutes, the above named limited partnership organized or registered adord of Fordid, statutes (Fordid Statutes, the above named limited partnership organized or registered agent, or both, in the State of Fordid Statutes, the above named limited partnership organized or registered agent, or both, in the State of Fordid Statutes, the above named limited partnership organized or registered agent, or both, in the State of Fordid Statutes, the above named limited partnership organized (Fordid Statutes, the state of Fordid Statutes, the State of Fordid Statutes, the state of Fordid State of Fordid Statutes, the s	City & State	City & State		- <u>-</u>	
FETT, HAROLD J. 3496 HIDDEN RIVER RD. SARASOTA, FL FL 34240       Sile Address (PC. Box Number Is Not Acceptable)         Suite, Apt. #. etc. City       Suite, Apt. #. etc. City         10a.       Pursuent to the provisions of sections 520 1051 and 620 192, Florids Statutes, the above-named imited partnership organized or registered under the laws of the Statu of Florida, submits Partnership organized or registered under the laws of the Statu of Florida, submits Partnership organized or registered on a coopting appointment of herein partnership organized or registered under the laws of the Statu of Florida, submits Partnership organized or registered under the laws of the Statu of Florida, submits Partnership organized or registered under the laws of the Statu of Florida, submits Partnership organized or registered or registered on 200 192, Florida Statules         Status of the provisions of section 520 1021 and 620 192, Florida Statules       Date         A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACCTIVE WITH THIS OFFICE.       11c.         11.       Name(s) of General Partner(s)       11a. (co. NOT Use Post Office Box Numbers)       11b. Cry Suite & 2/p Code       11c.         NORTH CAPTIVA AIR, INC.       4346 HIDDEN RIVER RD.       SARASOTA, FL 34240       F28801         North CAPTIVA AIR, INC.       4346 HIDDEN RIVER RD.       SARASOTA, FL 34240       F28801         Note:       General partners MAY NOT be changed on this form; an amendment must be filed to change a general partnership or (status of the information suppled in downed earnigh for the examption statu	Zip Country	Zip	Zip Country		Fee Required
11. Name(s) of General Partner(s)       11a. Address of Each General Partner; (Do NOT Use Post Office Box Numbers)       11b. Crty. State & Zip Code       11c. Registration Document Num         NORTH CAPTIVA AIR, INC.       4346 HIDDEN RIVER RD.       SARASOTA, FL 34240       F28801         PODD27 r G21617 -02/17/93 - 01072001       #####526.25       #####526.25       #####526.25         Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.       It is 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). Florida Statutes. I release the Division of the annual report is true and accurate and that my signature shall have the same legal effects as if made under cath. I further certify that I am a General Partner of the limited partnership, receiver can partner of the limited partner of th	10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation SGNATURE (Registered Agent Accepting Appointment)_ A GENERAL PARTNER THA	or registered agent, or both, in the State of F ons of section 620.192, Florida Statules.	City armed limited partnership or lorida Such change was e	DATE DATE DATE	by accept the appointment of the stered
NORTH CAPTIVA AIR, INC.       4346 HIDDEN RIVER RD.       SARASOTA, FL 34240       F28801         PODDD27 FB387 -02/17/53-01072001       *****526.25       *****526.25         Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general part         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). Florids Statules. 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 indice the annual report is true and accurate and that my signature shall have the same legal effects as if made under ceth. I further certify that I am a General Partner of the Imited partnership, receiver certify that I am a General Partner of the Imited partnership, receiver certify that I am a General Partner of the Imited partnership, receiver certify that I am a General Partner of the Imited partnership, receiver certify that I am a General Partner of the Imited partnership, receiver certify that I am a General Partner of the Imited partnership, receiver certify that I am a General Partner of the Imited partnership, receiver certify that I am a General Partner of the Imited partnership, receiver certify that I am a General Partner of the Imited partnership, receiver certify that I am a General Partner of the Imited partnership, receiver certify that I am a General Partner of the Imited partnership, receiver certify that I am a General Partner of the Imited partnership, receiver certify that I am a General Partner of the Imited partnership, receiver certify that I am a General Partner of the Imited partnership, receiver certify that I am a General Partner of the Imit		Address of Each Ger	neral Partner		11c. Registration/ Document Number
<ul> <li>-02/17/9301072001</li> <li>****526.25</li> <li>****526.25</li> <li>****526.25</li> <li>*****526.25</li> <li>*****526.25</li> <li>*****526.25</li> </ul>	NORTH CAPTIVA AIR, INC.			ARASOTA, FL 34240	
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 indication indication is 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 compowered to execute this report as required by chapter 620, Florida Statutes.	4			-02/17	/9901072001
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 indica 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 certify that to execute this report as required by chapter 620, Florida Statutes.					
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 indica 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 empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE/Mul Ltw 12/30/98	Corporations from any liability of non-compliance w this annual report is true and accurate and that my	rith Section 119.07(3)(k) in the event that the signature shall have the same legal effects	Information supplied is de	emed exempt from public access. I furthe	ar certify that the information indicated on
	SIGNATURE Mund Lite	sr		DATE	12/30/98

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