

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 16 AM 10:13



1. Name of Limited Partnership	1a. DOCUMENT # A18591
MATANZA INN, LTD.	

Mailing Address 2000 W. GALENA BLVD. 3RD FLOOR AURORA IL 60506		Principal Office Address 414 CRESCENT ST. FT MYERS BEACH FL 33931		3. Date Formed or Registered 12/19/1984	5a. Capital Contributions as Shown on record. \$459,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/02/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$459,000.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required
City & State		City & State		6. FEI Number 58-1620209	
Zip		Country		7. Certificate of Status Desired	
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent ARNBERG, CHRIS 414 CRESCENT STREET FT. MYERS BEACH FL 33931	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) WINDWARD PASSAGE DEVEL. KREUSER, WILLIAM G	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 414 CRESCENT ST 414 CRESCENT ST	11b. City, State & Zip Code FT MYERS BEACH FL 339 FT MYERS BEACH FL 339	11c. Registration/Document Number G76921
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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 _____ DATE 3/2/98
Typed or Printed Name of General Partner Signing Form CHRIS ARNBERG
Daytime Telephone Number 941/765-8866

CR2E003 (12/97)