## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP

WILL BE SUBJECT TO REVOC	ATION AND \$500 PENALTY FEE						
LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF Sandra B. Mortham Secretary of State DIVISION OF CORPORATION	FILED					
1. Name of Limited Partnership	1a. DOCUMENT # <b>A21414</b>	98 NOV 18 AMII: 31 SECRETARY OF STATE TALLAHASSEE. FLORIDA					
SAN CARLOS PLAZA, LTD.							
Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capita Showr	5a. Capital Contributions as Shown on record.			
1250 TAMIAMI TRAIL N., #301 NAPLES FL 34102	1250 TAMIAMI TRAIL N., #301 NAPLES FL 34102		12/06/1985 3a. Date of Last Report	\$20	\$262,500.00		
			01/02/1998	5b. Amoun	nt of Capital buttons in FLORIDA		
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number		Applied For Not Applicable		
City & State	City & State		59-2692664 7. Certificate of Status Desired	<del></del>	<del></del>	_	
Zip Country	Zip Country	8. Make check payable to: Dept. of	State (See rever	\$8.75 Additional Fee Required se side for fee informati	ion)		
9. Name and Address of Current Re	gistered Agent		10. If changed, new Registered	d Agent/Office			
LOCKER JOSEPH RUB. PhiLip A. ERICKSON		Philip A. ERICKSON					
350 FIFTH AVENUE SOUTH #200	C.MI Street Add	iress (P.O. Bo	DX Namber le Net Acceptable)	Pail	Name		
NAPLES FL 34102 (3.50 TAMIAM) IR Voije, Apt. #, etc.			#201				
NAPLE	ES, FL 34102 ON 1	JACI	1 FS	EI	EI Zipcode // A 2		
10a. Pursuant to the provisions of sections 620.1051 and 62 for the purpose of changing its registered office or regis agent. I am familiar with, and accept the obligations of s	tered agent, or both, in the State of Florida. Such char					at	
A GENERAL PARTNER THAT IS	A CORPORATION, LIMITE	PART	NERSHIP OR OTHE	R BUSIN	VESS ENTIT	<u>-</u>	
<del> </del>	BE REGISTERED AND ACTI  Address of Each General Partner		<del></del>	<del>-                                    </del>	Registration/		
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers)	11b.	City, State & Zip Code	11c.	Document Number		
LOCKER, JOSEPH R., JR.	350 FIFTH-AVENUE SCUT	NAP	PLES FL 34102				
WYNN, LARRY A.	9220 BONITA BEACH ROA	BOV	NITA SPRINGS FL 341				
ERICKSON, PHILIP A	1250 TAMIAMI TRAIL N.	NAP	PLES FL 34102				
			7000026 -11/24/3	953°	379 55-025		
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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 \_4 Typed or Printed Name of General Partner Signing Form Daytime Telephone Number

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.