FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED

| 1999 | | Secretary of State DIVISION OF CORPORATIONS | | 99 MAR -5 AM II: 23 | | |
|---|---|---|---|--|---|--|
| 1. Name of Limited Partnership | 1a. | 1a. DOCUMENT # A22552 | | | SECRETARY OF STATE JUNEAU DI MIS HOT MAT DA STATE JUNEAU DI MIS HOT MAT MAT MAT DE STATE | |
| CBL, LTD. | | | | } | INDI BANKA 1860 BIBNI BABNI BIBNI BIBNI BIBNI BABNI BABNI BUBNI | |
| Mailing Address | Principal Offi | ce Address | | 3, Date Formed or Registered | 5a. Capital Contributions as Shown on record | |
| 6001 PELICAN BAY BLVD. 6001 PELICAN BAY BLVD. SUITE 406 SUITE 406 NAPLES FL 33963 NAPLES FL 33963 | | | | 05/14/1986 3a. Date of Last Report | \$442,000.00 | |
| Mailing Address 2a. Principal Office Address | | | | 12/30/1997 4. State or Country of Formation | 5b. Amount of Capital Contributions in FLORIDA to date | |
| Suite, Apt. #, etc. | Suite, Apt. # | Suite, Apt. #, etc. | | FL 6. FEI Number 59-2779009 | Applied For | |
| City & State | | City & State Zip Country | | 7. Certificate of Status Desired | Not Applicable \$8.75 Additional for Required | |
| Zip Country | Zip | | | 8. Make there payable to Dept. of State (See reverse side for fee information) | | |
| 10a. Pursuant to the provisions of sections 6 | ed office or registered agent, or e obligations of septim 620.192 intment) UUUU THAT IS A COR MUST BE REG | both, in the State of Fiorida Such 2, Florida Statutes Such Such Such Such Such Such Such Such | CHANGE WAS AUTO LED PAR CTIVE WI | horized by its general partner(s) The DA' TNERSHIP OR OTI | reby accept the appointment of registered $3/1/99$ | |
| 11. Name(s) of General Partner(s) | 11a. _{(Do} | Address of Each General Partner NOT Use Post Office Box Number | _(s) 11b. | City, State & Zip Code | 11c. Registration/ Document Number | |
| LANDERS, WOODFIN M | 600 | 1 PELICAN BAY BLVD | | ~037 | 28:083669 16:79901102019 *526.25 ****526.25 | |
| | V NOT be about | | | | | |
| is true and accurate and that my signatur execute this report as required by chapter SIGNATURE | oplied with this filing is voluntarii Section 119 07(3)(k) in the even e shall have the same legal effe (620, Florida Statutes | y furnished and does not qualify for it that the information supplied is de locts as if made under oath. I furthe MARIERA W, JUSHULL LE | r the exemption seemed exempt for certify that I am | itated in Section 119 07(3)(k). Florida on public access. I further certify that a General Partner of the limited part | Statutes 1 release the Division of Corporations the information indicated on this annual report nership, receiver or trustee empowered to | |
| Typed or Printed Name of General Partner Signi | ng Form CAROLO | SN B. LOAN | DERS | Daytinie Telephone Number | 941) 598-3330 | |