

**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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC 29 AM 11:58

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<b>1.</b> Name of Limited Partnership  TROPICAL PASS, LTD.	<b>1a.</b> DOCUMENT # <b>A25988</b>
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<b>Mailing Address</b> 205 N. COLLIER BLVD SUITE 221 MARCO ISLAND FL 34145	<b>Principal Office Address</b> 205 N. COLLIER BLVD SUITE 221 MARCO ISLAND FL 34145	<b>3.</b> Date Formed or Registered <b>02/15/1988</b>	<b>5a.</b> Capital Contributions as Shown on record. <b>\$3,750,000.00</b>
<b>2.</b> Mailing Address	<b>2a.</b> Principal Office Address	<b>3a.</b> Date of Last Report <b>01/03/1997</b>	<b>5b.</b> Amount of Capital Contributions in FLORIDA to date: <b>\$ 1,780,000.00</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>4.</b> State or Country of Formation <b>FL</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	<b>6.</b> FEI Number <b>65-0101428</b>	
Zip	Country	<b>7.</b> Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)
Zip	Country		

<b>9. Name and Address of Current Registered Agent</b>  TROPICAL PASS, INC. 205 N. COLLIER BLVD SUITE 221 MARCO ISLAND FL 34145	<b>10.</b> If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> 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). Thereby 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.**

<b>11.</b> Name(s) of General Partner(s)	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)	<b>11b.</b> City, State & Zip Code	<b>11c.</b> Registration/Document Number
TROPICAL PASS, INC.	205 N. COLLIER BLVD.	MARCO ISLAND FL	J93262

700002396107--4  
-01/09/98-01103--010  
\*\*\*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 *Traute Gentry, as*  
Traute Gentry, Officer of the General Partner

DATE 12/22/97

Daytime Telephone Number 941-642-0408

CR2E003 (6/97)