

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

96 DEC 30 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A26640
DEL VERA LIMITED PARTNERSHIP	



Mailing Address 1852 N. TAMiami TRAIL, N.W. NORTH FT. MYERS, FL 33903	Principal Office Address 1852 N. TAMiami TRAIL, N.W. NORTH FT. MYERS, FL 33903
2. Mailing Address 2250 AVENIDA DELVERA	2a. Principal Office Address 2250 AVENIDA DELVERA
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State N. FT MYERS, FL	City & State N. FT MYERS, FL
Zip Country 33917 Lee	Zip Country 33917 Lee

3. Date Formed or Registered 06/24/1988	5a. Capital Contributions as Shown on record. \$7,000,000.00
3a. Date of Last Report 02/27/1996	5b. Amount of Capital Contributions in FLORIDA to date.
4. State or Country of Formation FL	
6. FEI Number 22-2991425	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent WAGLE, HAROLD H. 18551 N TAMiami TRAIL N. FORT MYERS FL 33903	10. If changed, new Registered Agent/Office
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, etc.
	City FL Zip Code

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
DEL TURA DEVELOPMENT CO.	18621 N. TAMiami TR.,	NORTH FT. MYERS FL	P18739
400002053324--2 -01/09/97--01109--020 ****576.25 ****576.25			

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 Harold H. Wagle DATE 12/20/96

CR2E003 (6/96)