
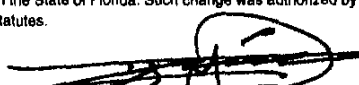
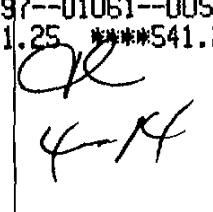
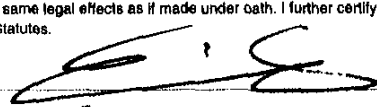


**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 APR 10 PM 3:45	
1. Name of Limited Partnership VILLAGES OF ASCOT, LTD.		1a. DOCUMENT # A26898			
Mailing Address 9700 GLADIOLUS DRIVE FT. MYERS FL 33908		Principal Office Address 9700 GLADIOLUS DRIVE FT. MYERS FL 33908		3. Date Formed or Registered 08/16/1988	
2. Mailing Address <i>Same as above</i>		2a. Principal Office Address <i>Same</i>		3a. Date of Last Report 11/08/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		5a. Capital Contributions as Shown on record. \$2,250,000.00	
Zip		Zip		5b. Amount of Capital Contributions in FLORIDA to date:	
Country		Country		6. FEI Number 59-2386098	
Country		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		7. Certificate of Status Desired	
Country		Country		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent DARSANI, MOHAMED A 9700 GLADIOLUS DR. FT. MYERS FL 33908				10. If changed, new Registered Agent/Office	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City				City	
State				State	
Zip Code				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 4-8-1997					
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) GLADIOLUS HOLDINGS, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9700 GLADIOLUS DRIVE		11b. City, State & Zip Code FT. MYERS FL	
.		.		11c. Registration/Document Number K14116	
.		.		200002144952--3 -04/16/97--01061--005 ****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  DATE 4/18/97					
Typed or Printed Name of General Partner Signing Form Samir Fansa Daytime Telephone Number (941) 489-4455					

CR2E003 (11/96)