FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

| LIMITED PARTNERSHIP ANNUAL REPORT 1999 | FLORIDA DESAR Sandra B. Secretary DIVISION OF C | Mortham of State | FIL | .ED 4 - 18 2: 00 | |
|--|--|---|--|--|--|
| 1. Name of Limited Partnership | 1a. DOCUMENT # A27035 | | | . A16 A0180 | |
| HERITAGE WOODS, LTD. | | | | | |
| Malling Address | Principal Office Address | | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record. | |
| 9240 BONITA BEACH RD. SUITE 1117 BONITA SPRINGS FL 34135 | 9240 BONITA BEACH RD. SUITE 1117 BONITA SPRINGS FL 34135 | | 09/12/1988 3a. Date of Last Report 12/26/1997 | \$400,000.00 5b. Amount of Capital Contributions in FLORIDA | |
| 2. Mailing Address | 2a. Principal Office Address | | 4. State or Country of Formation | to date. | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | FL 6. FEI Number 65-0179666 | Applied For Not Applicable | |
| City & State | City & State | | 7. Certificate of Status Desired | \$8.75 Additional | |
| Zip Country | Zip | Country | 8. Make check payable to Dept of | Fee Required State (See reverse side for fee information) | |
| 9 Name and Address of Current Registered Agent | | | | 10. If changed, new Registered Agent/Office | |
| 10a. Pursuant to the provisions of sections 620 1051 and for the purpose of changing its registered office or agent. I am familiar with, and accept the obligations | egistered agent, or both, in the State of Flori | | | | |
| SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT | IS A CORPORATION I | | PARTNERSHIP OR OTHE | | |
| MUS | T BE REGISTERED AN | D ACTIVE | WITH THIS OFFICE. | | |
| 11. Name(s) of General Partner(s) | 11a. Address of Each General (Do NOT Use Post Office Bo | x Numbers) | 11b. City, State & Zip Code | 11c. Registration/ Document Number | |
| NIEMANN & WOLTER DEVELOPMENT | 9240 BONITA BEACH RD, | | BONITA SPRINGS FL 341 | F03300 | |
| | | | -03/1/ **** 50002: -02/1 | *8004307 0/9901039001 *88.75 ******88.75 0/8901074013 437.50 *****437.50 | |
| Note: General partners MAY NOT | he changed on this form | ı: an amen | adment must be filed to ch | ange a general partner | |
| 12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign empowered to execute this report as required by chall | nis filing is voluntarily furnished and does not Section 119.07(3)(k) in the event that the ini- pature shall have the same legal effects as i | qualify for the exe formation supplied | mption stated in Section 119 07(3)(k). Florida S is deemed exempt from public access. I further | Statutes. I release the Division of r certify that the information indicated on | |
| SIGNATURE LINE THE | , U.R. HIEMATON WOLFER D | eu car | | 12.Nov. 98 | |
| Typed or Printed Name of General Partner Signing Form | MRI A. REINER U.R. | | Daytime Telephone Number | 941 947 9353 | |