## FILE ON OR BEFORE APRIL 8,1998 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

1a. DOCUMENT # **A27082** 

WATERERONT DEVELOPMENT OF S.W. FL., LTD.

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 APR 13 PM 4: 28



04/08/98

941-337-1777

Iling Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered     09/20/1988     38. Date of Last Report     05/03/1997      4. State or Country of Formation     FL     6. FEI Number     65-0059964      7. Certificate of Status Desired		58. Capital Contributions as Shown on record. \$35,000.00  5b. Amount of Capital Contributions in FLORIDA to date:  Applied For Not Applicable \$8.75 Additional	
180 W. First Street Ort Myers Fl 33901	2180 W. FIRST STREET FORT MYERS FL 33901	2180 W. FIRST STREET FORT MYERS FL 33901					
OH WILLIO TE 90001	TOTAL WILLIO TE 90001						
Malling Address 28. Principal Office Addre		•					
ilte, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.					
ty & State	City & State	City & State					
p Country	Zıp	Country		8. Make check payable to: Dept. of State (See reverse side for fee Information			
9. Name and Address of Curr	ent Registered Agent		10	, If changed, new Registe	ared Agent/Office		
WATERFRONT DEVELOPMENT OF LEE COUNTY, INC.		Name					
2180 WEST FIRST STREET		Street Address	s (P.O. Box Numb	Box Number Is Not Acceptable)			
FORT MYERS FL 33901		Suite, Apt. #, etc.					
		Suite, Apt. #, 6	etc.				
Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligate.	or registered agent, or both, in the State of	City	ship organized or	registered under the laws on the laws of t	FL of the State of Floric pereby accept the s	Zip Code  ia, submits this stateme	
Oa. Pursuent to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligat GNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THA	or registered agent, or both, in the State of ions of section 620.192, Florida Statutes.  T IS A CORPORATION	City amed limited partners Florida. Such change	ship organized or e was authorized (	by its general pariner(s). I i	of the State of Floric ereby accept the s	la, submits this stateme appointment of register	
Oa. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the control o	or registered agent, or both, in the State of ions of section 620.192, Florida Statutes.	City amed limited partners Florida. Such change	ship organized or e was authorized ( PARTNER E WITH T	by its general pariner(s). I i	of the State of Floric ereby accept the s	la, submits this stateme appointment of register	
Oa. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligat GNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THA MU	or registered agent, or both, in the State of ions of section 620, 192, Florida Statutes.  T IS A CORPORATION ST BE REGISTERED A	City  amed limited partners I Florida. Such change  I, LIMITED I  ND ACTIVE  BOX Numbers)	ship organized or e was authorized l PARTNER E WITH TI	DARSHIP OR OTH	of the State of Floric hereby accept the state of Floric IER BUSIN	ia, submits this statement of registered statement of	
Oa. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligat GNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THA MU  1. Name(s) of General Partner(s)	or registered agent, or both, in the State of ions of section 620.192, Florida Statutes.  T IS A CORPORATION ST BE REGISTERED A  Address of Each Ger  11a. (Do NOT Use Post Office)	City  amed limited partners I Florida. Such change  I, LIMITED I  ND ACTIVE  BOX Numbers)	ship organized or e was authorized l PARTNER E WITH TI	DA  RSHIP OR OTH HIS OFFICE.  ty, State & Zip Code	the State of Floric hereby accept the st	la, submits this statems ppointment of register IESS ENTIT  Registration/ Document Number  7367	

Richard G. Couch, Director of