

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

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 19 PM 2:10

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12/27

1. Name of Limited Partnership	1a. DOCUMENT # A28092
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FRENCH QUARTER OFFICE COMPLEX, LTD.



Mailing Address 501 GOODLETTE RD., N. D-100 NAPLES FL 33940		Principal Office Address 501 GOODLETTE RD., N. D-100 NAPLES FL 33940		3. Date Formed or Registered 03/23/1989	5a. Capital Contributions as Shown on record. \$1,200,000.00
				3a. Date of Last Report 12/28/1995	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		6. FEI Number 65-0119523	
Zip		Zip		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		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 MIDWEST TITLE GUARANTEE COMPANY OF FLORIDA 3936 TAMiami TRAIL NORTH SUITE A NAPLES FL 33940	10. If changed, new Registered Agent/Office Name Enclave Executive, Inc. Street Address (P.O. Box Number Is Not Acceptable) 501 Goodlette Road North Suite, Apt. #, etc. 000002042640-9 City Naples
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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). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

Enclave Executive, Inc.

SIGNATURE (Registered Agent Accepting Appointment) By: *[Signature]*

R. M. Vogel, President

DATE **12/17/96**

**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
MIDWEST TITLE GUARANTEE COMP	3936 TAMiami TR. N. S	NAPLES FL	576439
FLORIDA MANAGEMENT AND DEVEL	3936 TAMiami TR. N. S	NAPLES FL	F37792
Enclave Executive, Inc.	501 Goodlette Road N.	Naples, FL 34102	L02576

*per amendment
filed 10/14/96*

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.

French Quarter Office Complex, Ltd., By Enclave Executive, Inc., General Partner

SIGNATURE

By: *[Signature]*

R. M. Vogel, President

DATE

12/17/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

941-262-2211

CR2E003 (6/96)