

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

FILED

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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 SOUTHWEST FLORIDA WATERFRONT LOTS, LTD.	1a. DOCUMENT # A29141 97-AR CM
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Mailing Address 13391 MCGREGOR BOULEVARD- SUITE 4 FT. MYERS FL 33919	Principal Office Address 13391 MCGREGOR BOULEVARD SUITE 4 FT. MYERS FL 33919	3. Date Formed or Registered 10/30/1989	5a. Capital Contributions as Shown on record. \$2,500,000.00
2. Mailing Address 12800 University Drive Suite, Apt. #, etc. Suite 675 City & State Zip Country 33907	2a. Principal Office Address 12800 University Drive Suite, Apt. #, etc. Suite 675 City & State Zip Country 33907	3a. Date of Last Report 10/27/1995	5b. Amount of Capital Contributions in FLORIDA to date: \$2,500,000.00
		4. State or Country of Formation FL	6. FEI Number 65-0171527 <input type="checkbox"/> Applied For <input 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 LAWRENCE A. RAIMONDI 13391 MCGREGOR BLVD. SUITE 4 FT. MYERS FL 33919	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 12800 University Drive Suite, Apt. #, etc. Suite 675 City FL Zip Code 33907
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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.

SIGNATURE (Registered Agent Accepting Appointment) *Lawrence A. Raimondi* DATE 10-1-96

**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) MARINER CAPITAL MGMT, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 13391 MCGREGOR BLVD, 12800 University Drive Suite 675	11b. City, State & Zip Code FORT MYERS FL 33907	11c. Registration/ Document Number G48164
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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 *Lawrence A. Raimondi* DATE 10-1-96

Typed or Printed Name of General Partner Signing Form Lawrence A. Raimondi Daytime Telephone Number 941-481-2011

CR2E003 (6/96)