

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 FEB 13 PM 1:48

1. Name of Limited Partnership  NAPLES ORANGETREE, LTD.	1a. DOCUMENT # A29463
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Mailing Address 3111 STIRLING ROAD, SUITE B-132 FT. LAUDERDALE FL 33312	Principal Office Address 3111 STIRLING ROAD, SUITE B-132 FT. LAUDERDALE FL 33312	3. Date Formed or Registered 01/02/1990	5a. Capital Contributions as Shown on record. \$800,000.00
2. Mailing Address 3620 N 53 AVE Suite, Apt. #, etc.	2a. Principal Office Address 3620 N 53 AVE Suite, Apt. #, etc.	3a. Date of Last Report 12/17/1996	5b. Amount of Capital Contributions in FLORIDA to date.
City & State HOLLYWOOD FL	City & State HOLLYWOOD FL	4. State or Country of Formation FL	6. FEI Number 65-0166571
Zip 33021	Zip 33021	7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent GOLAN, AMNON 3620 NORTH 53RD AVE. HOLLYWOOD FL 33021	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
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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)

DATE

**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) AMNON GOLAN ENTERPRISES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3620 NORTH 53RD AVE.	11b. City, State & Zip Code HOLLYWOOD FL	11c. Registration/ Document Number M26539
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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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)