

FILE ON OR BEFORE 12:00 PM, JAN 15, 1999 FOR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN 13 PM 12:54

1. Name of Limited Partnership THE MICHELLE NORTON LIMITED PARTNERSHIP		1a. DOCUMENT # A29718	
Mailing Address 2017 Monroe St. Fort Myers, FL 33901		Principal Office Address 3443 CLUBVIEW DRIVE NORTH FORT MYERS, FL 33917	
2. Mailing Address 3443 Clubview Drive Suite, Apt. #, etc. City & State North Fort Myers, Florida Zip 33917 Country USA		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered MARCH 1990		5a. Capital Contributions as Shown on record. \$37,800	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL.		6. FEI Number <input type="checkbox"/> Applied For <input checked="" 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 Robert P. Henderson 1619 Jackson St. H. Myers, FL 33901	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) Michelle Norton	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3443 Clubview Drive	11b. City, State & Zip Code North Fort Myers, FL. 33917	11c. Registration/Document Number
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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 *Michelle Norton*

DATE Dec. 18, 1998

Typed or Printed Name of General Partner Signing Form

MICHELLE NORTON

Daytime Telephone Number 1-941-334-1353

CR2E003 (8/98)