

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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 NOV 21 PM 2:15</b>	
<b>1. Name of Limited Partnership</b>		<b>1a. DOCUMENT # A29834</b>			
<b>CHARLOTTE HARBOR DRIVE LIMITED PARTNERSHIP</b>					
<b>Mailing Address</b> C/O CHARLES L. SARGENT 3774 GRACKER WAY BONITA SPRINGS FL 33923		<b>Principal Office Address</b> 8175 MAIN STREET BOKEELIA FL 33922		<b>3. Date Formed or Registered</b> 03/20/1990	
				<b>5a. Capital Contributions as Shown on record.</b> \$52,000.00	
				<b>3a. Date of Last Report</b> 03/21/1997	
				<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>	
<b>2. Mailing Address</b> 27701 MARINA POINTE DR Suite, Apt. #, etc.		<b>2a. Principal Office Address</b> 27701 MARINA POINTE DR Suite, Apt. #, etc.		<b>4. State or Country of Formation</b> FL	
<b>City &amp; State</b>		<b>City &amp; State</b> BONITA SPRINGS, FL		<b>6. FEI Number</b> 65-0223640 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>Zip</b> 34134 <b>Country</b>		<b>Zip</b> 34134 <b>Country</b>		<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>					

<b>9. Name and Address of Current Registered Agent</b> SYMONDS, CLIFTON A 913 BELVILLE BLVD. NAPLES FL 34104		<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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)

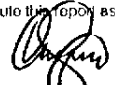
DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b> CHARLOTTE HARBOR DRIVE, INC.	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 8175 MAIN STREET	<b>11b. City, State &amp; Zip Code</b> BOKEELIA FL 33922	<b>11c. Registration/Document Number</b> P95000030066
900002357499--0 -11/26/97--01013--021 ****467.75 ****467.75 dce			

**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  PRESIDENT, CHARLOTTE HARBOR DRIVE, INC. THE  
GENERAL PARTNER OF CHARLOTTE HARBOR DRIVE LTD PARTNERSHIP DATE 11-11-97

Typed or Printed Name of General Partner Signing Form CHARLES L. SARGENT

Daytime Telephone Number 941-947-4087

CR2E003 (6/97)