

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  
Sandie B. Morham

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 JAN 14 AM 8:57



1. Name of Limited Partnership  
1a. DOCUMENT #  
A30168

INN OF NAPLES HOTEL, LTD.

Mailing Address 3936 TAMiami TRAIL NORTH NAPLES FL 33940		Principal Office Address 3936 TAMiami TRAIL NORTH NAPLES FL 33940		3. Date Formed or Registered 06/07/1990	5a. Capital Contributions as Shown on record. \$2,100,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/19/1996	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 65-0199764	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		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 NAPLES FL 33940	10. If changed, new Registered Agent/Office 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.**

11. Name(s) of General Partner(s) MIDWEST TITLE GUARANTEE COMP BUSH, WALTER L., JR.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3936 TAMiami TRAIL NO 3936 TAMiami TRAIL NO	11b. City, State & Zip Code NAPLES FL NAPLES FL	11c. Registration/Document Number 378439 1000025433-378439 ****541.25 ****541.25 KWM
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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.

INN OF NAPLES HOTEL, LTD., By: MIDWEST TITLE GUARANTEE COMPANY OF FLORIDA, A General Partner  
SIGNATURE *[Signature]* DATE 12/14/97

Typed or Printed Name of General Partner Signing Form R. M. Vogel, Board Chairman Daytime Telephone Number 941-262-2211

CR2E003 (6/97)