FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

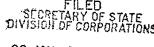
1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS



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1. Name of Limited Partnership	1a. DOCUMENT # A30260			
VALKER PROPERTY, LTD.	Qa-Pt-			
Mailing Address 3003 TAMIAMI TRAIL NORTH, SUITE 400 NAPLES FL 93946 ・3 <i>4</i> 4 0 ろ	Principal Office Address 3003 TAMIAMI TRAIL NORTH, SUITE 400 NAPLES FL-83949. 34103		3. Date Formed or Registered 06/25/1990 3a. Date of Last Report 04/01/1998	5a. Capital Contributions as Shown on record. \$10,000,000.00 5b. Amount of Capital Contributions in FLORIDA to date:
Mailing Address Suite, Apt. #, etc. City & State	2a. Principal Office Address Suite, Apt. #, etc. City & State		4. State or Country of Formation FL 6. FEI Number 65-0201844 7. Certificate of Status Desired	3, 195, 336.00 Applied For Not Applicable \$8.75 Additional
34105 Country	Zip 3410 3 Country	Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee Information)		
agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.		Name Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code 3 4103 I limited partnership organized or registered under the laws of the State of Florida, submits this statement la. Such change was authorized by its general partner(s). I hereby accept the appointment of registered		
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) COLLIER MANAGEMENT SERVICES,	11a. Address of Each General Partner (Do NOT Use Post Office Box Number 3003 TAMIAMI TRAIL NO	ars) 11D.	City, State & Zip Code PLES FL 33940 900027 -01/27/ ****52	11c. Registration/ Document Number L56855 1557298 29-01005010 25.25 ****526.25
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.				

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.

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

Typed or Printed Name of General Partner Signing Form

SIGNATURE