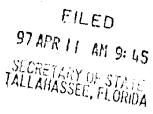
## FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS



1. Name of Limited Partnership	1a. DOCUMEN' <b>A30263</b>					
3227 S. HORSESHOE DRIVE, I	TD. Q -AR		]			
Mailing Address	Principal Office Address		3. Date Formed or Registered 58, Capital Contributions a		Contributions as	1
3003 TAMIAMI TRAIL NORTH	3003 TAMIAMI TRAIL NORTH NAPLES FL 33940  28. Principal Office Address		06/25/1990	\$1,131,621.00  \$1, Amount of Capital Contributions in FLORIDA		
NAPLES FL 33940			38. Date of Last Report 04/02/1996			
			4. State or Country of Formation	Contribute to date:	to date:	
2. Mailing Address			FL \$268,688.00		88.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.  City & State		6, FEI Number 65-0201839	Applied For Not Applicable		ļ
City & State	Ony & State		7. Certificate of Status Desired		\$8.75 Additional	
Zip Country	Zip Country		Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee information)			ĺ
COLLIER MANAGEMENT SERVICES, INC.  3003 TAMIAMI TRAIL NORTH  ATTN: TERRY FLORA  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				
10a. Pursuant to the provisions of sections 620.1051 and the purpose of changing its registered office or registered are familiar with, and accept the obligations of sec	stered agent, or both, in the State of Florida. Such o					
SIGNATURE (Registered Agent Accepting Appointment)						
A GENERAL PARTNER THAT	IS A CORPORATION, LIMIT BE REGISTERED AND A	TED PART	INERSHIP OR OTHE	R BUSIN	ESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General Partn. (Do NOT Use Post Office Box Num		City, State & Zip Code	11c.	Registration/ Document Number	ĺ
COLLIER MGMT. SERV., INC 3003 TAMIAMI TRAIL NO			NAPLES FL		L56855 (11/36)	
			800002 -04/1 *****	146E 7/8701 541.25	)	CR2E003
Note: General partnersMAY NOT			<del></del>		<del></del>	
12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with annual report is true and accurate and that my signate empowered to execute this report as required by chap.	Section 119.07(3)(k) in the event that the information of the same legal effects as if made unc	on supplied is deen	ned exempt from public access. I furthe	r certify that the in	formation indicated on this	<u> </u>

SIGNATURE .

Typed or Printed Name of General Partner Signing Form

Juny Y. Han, UP Terry L. Flora

4/7/47

Daytime Telephone Number

941.261.4455

0003807