


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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 APR 10 PM 3:45</b>	
<b>1. Name of Limited Partnership</b>  <b>COURTHOUSE SHADOWS, LTD.</b>		<b>1a. DOCUMENT #</b> <b>A30266</b>			
<b>Mailing Address</b> <b>3003 TAMiami TRAIL NORTH NAPLES FL 33940</b>		<b>Principal Office Address</b> <b>3003 TAMiami TRAIL NORTH NAPLES FL 33940</b>		<b>3. Date Formed or Registered</b> <b>06/25/1990</b>	
<b>2. Mailing Address</b>		<b>2a. Principal Office Address</b>		<b>3a. Date of Last Report</b> <b>04/09/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. State or Country of Formation</b> <b>FL</b>	
City & State		City & State		<b>5a. Capital Contributions as Shown on record.</b> <b>\$10,000,000.00</b>	
Zip		Country		<b>5b. Amount of Capital Contributions In FLORIDA to date:</b> <b>\$3,777,545.00</b>	
Country		Country		<b>6. FEI Number</b> <b>65-0202095</b>	
Country		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		<b>7. Certificate of Status Desired</b>	
Country		Country		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		<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>  <b>COLLIER MANAGEMENT SERVICES, INC. 3003 TAMiami TRAIL NORTH ATTN: TERRY FLORA NAPLES FL 33940</b>		<b>10. If changed, new Registered Agent/Office</b>	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City		City	
State		State	
Zip Code		Zip Code	

**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>  <b>COLLIER MGMT SERVICES</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  <b>3003 TAMiami TRAIL NO</b>	<b>11b. City, State &amp; Zip Code</b>  <b>NAPLES FL</b>	<b>11c. Registration/Document Number</b>  <b>L56855</b>
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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 Terry L. Flora, VP DATE 4/7/97

Typed or Printed Name of General Partner Signing Form Terry L. Flora Daytime Telephone Number 941.261.4455