

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB -3 AM 8:17



1. Name of Limited Partnership	1a. DOCUMENT # A30579
OLDE FLORIDA LTD.	

Mailing Address 9393 VANDERBILT BEACH RD. EXT. NAPLES FL 33964	Principal Office Address 9393 VANDERBILT BEACH RD. EXT. NAPLES FL 33964	3. Date Formed or Registered 09/12/1990	5a. Capital Contributions as Shown on record. \$6,017,537.00
		3a. Date of Last Report 03/05/1996	5b. Amount of Capital Contributions in FLORIDA to date. \$6,017,537.00
		4. State or Country of Formation FL	
2. Mailing Address 9393 VANDERBILT BEACH RD. EXT.	2a. Principal Office Address 9393 VANDERBILT BEACH RD. EXT.	6. FEI Number 65-0233634 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State NAPLES, FL	City & State NAPLES, FL	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip 34120	Country USA		

9. Name and Address of Current Registered Agent JOSEPHSON, LYNN G 9393 VANDERBILT BEACH RD. EXT. NAPLES FL 33964	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
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02/11/97-01123-014
*****576.25L***576.25**

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) OFC OF NAPLES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9393 VANDERBILT BEACH RD. EXT.	11b. City, State & Zip Code NAPLES FL 33964 34120	11c. Registration/ Document Number L26009
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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 **BY: Lynn G. Josephson** DATE **1-24-97**
Typed or Printed Name of General Partner Signing Form **OFC OF NAPLES, INC. BY: LYNN G. JOSEPHSON** Daytime Telephone Number **(941) 353-6779**

CR2E003 (6/96)