


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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED 99 JAN -5 PM 4: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
1. Name of Limited Partnership OLDE FLORIDA LTD.		1a. DOCUMENT # A30579			
Mailing Address 9393 VANDERBILT BEACH RD. EXT. NAPLES FL 34120		Principal Office Address 9393 VANDERBILT BEACH RD. EXT. NAPLES FL 34120		3. Date Formed or Registered 09/12/1990	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 01/05/1998	
4. State or Country of Formation FL		5a. Capital Contributions as Shown on record. \$6,017,537.00		5b. Amount of Capital Contributions in FLORIDA to date: 1,204,343.00	
6. FEI Number 65-0233634		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		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 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 State FL Zip Code 34120		
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		11b. City, State & Zip Code NAPLES FL 33964-34120	
11c. Registration/Document Number L26009		300002755583-5 -01/26/99-01095-014 ***526.25 ***526.25			
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 effect 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 <i>TJ</i> DATE 12-29-98					
Typed or Printed Name of General Partner Signing Form OFC OF NAPLES, INC. BY: T. J. KUKK Daytime Telephone Number (941) 353-6779					

CR2E003 (8/98)