

**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 JAN -2 PM 12:34

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1. Name of Limited Partnership	1a. DOCUMENT # A32306
VOGUE, LTD.	

Mailing Address PO BOX 369 BONITA SPRINGS FL 33959	Principal Office Address 5015 SOUTH FLORIDA AVENUE SUITE 200 LAKELAND FL 33813
2. Mailing Address	2a. Principal Office Address 3575 Bonita Beach Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Bonita Springs, FL
Zip 34133-0369	Zip 34134
Country	Country

3. Date Formed or Registered 12/09/1991	5a. Capital Contributions as Shown on record. \$50,000.00
3a. Date of Last Report 01/02/1996	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	
6. FEI Number 59-3097283	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input checked="" 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 ERDMAN, GREG 3575 BONITA BEACH RD BONITA SPRINGS FL 33923	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL 34134
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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) CI PROPERTIES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5015 SOUTH FLORIDA AV 3575 Bonita Beach Road	11b. City, State & Zip Code LAKELAND FL Bonita Springs, FL 34134	11c. Registration/Document Number S92360
<p>100002054091--9 -01/10/97--01070--005 ****497.50 ****497.50</p>			

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 *[Signature]* DATE 12-26-96
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/96)