

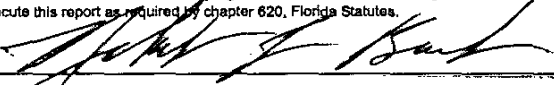


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 11 PM 2: 07 <div style="text-align: right;">mtu 12/15</div> <div style="text-align: center;"></div>
1. Name of Limited Partnership ORANGE BLOSSOM HOMEOWNERS, LTD.		1a. DOCUMENT # A33249	
Mailing Address 6730 LONE OAK BLVD. NAPLES FL 34109		Principal Office Address 6730 LONE OAK BLVD. NAPLES FL 34109	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
		3. Date Formed or Registered 07/28/1992	
		3a. Date of Last Report 12/31/1997	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record. \$540,000.00	
		5b. Amount of Capital Contributions in FLORIDA to date.	
		6. FEI Number 65-0346042 <div style="text-align: right;"><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</div>	
		7. Certificate of Status Desired <div style="text-align: right;"><input type="checkbox"/> \$8.75 Additional Fee Required</div>	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">BUCK, ROBERT L. 6730 LONE OAK BLVD. NAPLES FL 33942</div><div style="width: 50%; border-left: 1px solid black; padding-left: 5px;">10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <div style="text-align: right;">FL Zip Code</div></div></div>			
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.			
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) BUCK, ROBERT L		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6730 LONE OAK BLVD	
		11b. City, State & Zip Code NAPLES FL 34109	
		11c. Registration/Document Number 4000002716744--0 12/18/93 01102--011 ****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 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  DATE			
Typed or Printed Name of General Partner Signing Form Robert L. Buck Daytime Telephone Number 941-598-1881			

CR2E003 (8/98)