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

LIMITED PARTNERSHIP ANNUAL REPORT 1999

BONITA BAY LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A33443** 

## FILED

98 DEC 28 PM 2: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| Mailing Address  | Principal Office Address             |      | 3. Date Formed or Registered                | 5a. Capital Contributions as Shown on record.            |  |
|--|--------------------------------------|------|---|--|--|
| 3451 BONITA BAY BLVD.  | 3451 BONITA BAY BLVD.                |      | 09/15/1992                                  | \$5.040.000.00   |  |
| SUITE 202  | SUITE 202                            |      | 3a. Date of Last Report                     | \$5,940,000.00   |  |
| BONITA SPRINGS FL 34134-4395   | BONITA SPRINGS FL 34134-4395         |      | 12/26/1997                                  | 5b. Amount of Capital                                    |  |
|  |                                      |      | 4. State or Country of Formation            | Contributions in FLORIDA to date:                        |  |
| 2. Mailing Address   | 2a. Principal Office Address         |      | FL  |  |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                  |      | 6. FEI Number                               | Applied For Not Applicable                               |  |
| City & State   | City & State                         |      | 65-0361628 7. Certificate of Status Desired | \$8.75 Additional  |  |
| Zip Country  | Zip Country                          |      | 8. Make check payable to: Dept. of S        | Fee Required tate (See reverse side for fee information) |  |
|  |                                      |      | 40  |  |  |
| 9. Name and Address of Current Registered Agent Name   |                                      | Namo | 10. If changed, new Registered Agent/Office |  |  |
| BONITA BAY PROPERTIES, INC.  | NSUIG                                |      |   |  |  |
| 3451 BONITA BAY BLVD.  | Street Address (P.                   |      | . Box Number Is Not Acceptable)             |  |  |
| BONITA SPRINGS FL 34134-4395   | Suite, Apt. #, etc.                  |      | 4000027428248                               |  |  |
|  | City                                 |      | -01/14/95-0112666013                        |  |  |
| 40c Durant to the condelant of newborn 600 4054 and 60   | ************************************ |      |   |  |  |
| 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)  | 11a. Address of Each General         |      | City, State & Zip Code                      | 11c. Registration/                                       |  |
| BONITA BAY PROPERTIES, INC.  | 3451 BONITA BAY BLVD.                | ВС   | onita springs fl                            | PESE004 (8/98)   |  |
| 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 or required by chapter 632 Florida Statutes.  SIGNATURE  DATE 12/23/98 |                                      |      |   |  |  |
| Typed or Printed Name of General Partner Signing Food Harvey R. Schestage, Secretary/Treasurer Telephone Number (941) 495-1000   |                                      |      |   |  |  |
| Typed or Printed Name or General Periner Signing Footh   |                                      |      |   |  |  |