

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

96 DEC 27 PM 2:22

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1. Name of Limited Partnership	1a. DOCUMENT # A92000000056
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SUNTREE SQUARE PARTNERS, LTD.

Mailing Address C/O NORTH AMERICAN PROPERTIES OF S. FLA. 12995 SOUTH CLEVELAND AVE., STE. 214 FT. MYERS FL 33907		Principal Office Address C/O NORTH AMERICAN PROPERTIES OF S. FLA. 12995 SOUTH CLEVELAND AVE., STE. 214 FT. MYERS FL 33907		3. Date Formed or Registered 11/12/1992	5a. Capital Contributions as Shown on record. \$1,500,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/03/1996	5b. Amount of Capital Contributions in FLORIDA to date: 905,000.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 65-0373492 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		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 HAFELE, DALE G C/O NORTH AMERICAN PROPERTIES OF S. FLA 12995 SOUTH CLEVELAND AVE., SUITE 214 FORT MYERS FL 33907	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) SUNTREE SQUARE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) C/O 12995 SOUTH CLEVE	11b. City, State & Zip Code FORT MYERS FL 33907	11c. Registration/Document Number P92000004031
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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

Dale G. Hafele

DATE

12/23/96

Typed or Printed Name of General Partner Signing Form

DALE G. HAFELE, V.P. OF SALES GEN'L PARTN

Daytime Telephone Number

941-278-1121

CR2E003 (6/96)