

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 AM 9:41



1. Name of Limited Partnership	1a. DOCUMENT # A92000000249
--------------------------------	---------------------------------------

SHERWOOD ARMS, LIMITED PARTNERSHIP

Mailing Address 768 6TH AVENUE NORTH NAPLES FL 33940		Principal Office Address 768 6TH AVENUE NORTH NAPLES FL 33940		3. Date Formed or Registered 12/30/1992	5a. Capital Contributions as Shown on record. \$10.00
				3a. Date of Last Report 05/06/1996	5b. Amount of Capital Contributions in FLORIDA to date
				4. State or Country of Formation FL	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 65-0365080 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
City & State	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)			
Zip	Country				

9. Name and Address of Current Registered Agent MOORE, LOUIS S 768 6TH AVENUE NORTH NAPLES FL 33940 34102	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code 34102
---	--

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) MOORE, LOUIS S	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 768 6TH AVENUE NORTH	11b. City, State & Zip Code NAPLES FL 33940	11c. Registration/ Document Number 400002057644--9 -01/14/97--01159--013 ****200.00 ****200.00 cus/KWM
--	---	---	---

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

Louis S. Moore
LOUIS S. MOORE,

DATE

11/23/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

941 261 0631