

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. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 28 1998 8:00 am  
Secretary of State

1. Name of Limited Partnership  CPB PARTNERS, LTD.	1a. DOCUMENT #  A92000000251
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Mailing Address  5551 RIDGEWOOD DRIVE, SUITE 203 NAPLES FL 34108	Principal Office Address  5551 RIDGEWOOD DRIVE, SUITE 203 NAPLES FL 34108	3. Date Formed or Registered  12/30/1992	5a. Capital Contributions as Shown on record.  \$678,455.00
2. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	2a. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip	3a. Date of Last Report  01/02/1998	5b. Amount of Capital Contributions in FLORIDA to date:  \$8.75 Additional Fee Required
4. State or Country of Formation  FL		6. FEI Number  65-0376371	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)  S35	

9. Name and Address of Current Registered Agent  ATHAN, G. HELEN ESQUIRE 5551 RIDGEWOOD DRIVE, SUITE 203 NAPLES FL 34108	10. If changed, new Registered Agent/Office  Name  Street Address (P.O. Box Number Is Not Acceptable)  3000002652343-0 Suite, Apt. #, etc. 09/30/98-01046-019 \$8.75.00 ***\$8.75.00 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)  SCC OF NAPLES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  5551 RIDGEWOOD DRIVE,	11b. City, State & Zip Code  NAPLES FL 33963	11c. Registration/ Document Number  P92000015247
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CR2E003 (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 as required by chapter 620, Florida Statutes.

SIGNATURE

DATE