

**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 PM 12:32

mt
1/8



1. Name of Limited Partnership

1a. DOCUMENT #
A93000000220

GEORGETOWN WINTER HAVEN, LTD.

Mailing Address

PO BOX 369
BONITA SPRINGS FL 33559

Principal Office Address

~~5015 SOUTH FLORIDA AVE. SUITE 280~~
~~LAKELAND FL 33019~~

3. Date Formed or Registered

02/25/1993

5a. Capital Contributions as Shown on record

\$400,000.00

3a. Date of Last Report

01/02/1996

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

2a. Principal Office Address

3575 Bonita Beach Rd.

4. State or Country of Formation

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number
59-3156601

Applied For
 Not Applicable

City & State

City & State

Bonita Springs, FL

7. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

Zip Country

34133-0369

34134

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

ERDMAN, GREG
3575 BONITA BEACH RD.
BONITA SPRINGS FL-33923

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Numbers Not Acceptable)

800002054108-4

Suite, Apt. #, etc.

01/10/97 01074-002

City

*****585.00 ***585.00**

Zip Code
FL 34134

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)

CL PROPERTIES, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

~~4740 CLEVELAND HEIGHT~~
3575 Bonita Beach Road

11b. City, State & Zip Code

~~LAKELAND FL 33007~~
Bonita Springs, FL 34134

11c. Registration/Document Number

S92360

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

[Handwritten Signature]

DATE

12-26-96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)