FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9300000668**

97 DEC 19 PM 12: 31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

NAPLES TOWNE CEN	ITRE ASSOCIATES, LTD.			######################################	
Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.	
646 N. LOCKWOOD RIDGE RD. 7646 N. LOCKWOOD RIDGE RD. SARASOTA FL 34243			06/25/1993 3a. Date of Last Report	\$740,000.00	
			12/26/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State	City & State		Applied For Not Applicable	
Zip Country				\$8.75 Additional Fee Required	
ZIP Country	Zip	. Zip Country		8. Make check payable to: Dept. of State (Soc reverse side for fee information)	
9. Name and Address of Current Registered Agent			10 If abandad any Desistanti Apartolia		
			10. If changed, new Registered Agent/Office me		
WEST INVESTMENT COMPANY	·	Street Address (P.O. Box Number Is Not Acceptable)			
7646 N. LOCKWOOD RIDGE R SARASOTA FL 34243	ROAD	Suite, Apt #, etc.			
OMBIOGIA LE GIETO		City Z _{IP} Code			
for the purpose of changing its reg agent. I am familiar with, and acce SIGNATURE (Registered Agent Accepting a	ER THAT IS A CORPORATION.	orida. Such chan	ge was authorized by its general pariner(s). I her DATE PARTNERSHIP OR OTHE	eby accept the appointment of registered	
44 N (5-60(0-1)-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	MUST BE REGISTERED AN Address of Each Gener			Hegistration/	
11. Name(s) of General Parlner(s)	11a. (Do NOT Use Post Office B		11b. City, State & Zip Code	11c. Document Number	
NAPLES S.C. COMPANY, LTD. 7646 NORTH LOCKWOOD R		DR	SARASOTA FL 34243	A9300000667	
			400802 -12/30 *****	3857143 179701045013 41.25 ****541.25	
Note: General partners	MAY NOT be changed on this form	n; an ame	endment must be filed to cha	ange a general partner.	

I do hereby certify that the information supplied with this filling 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

SUZANNE LRICE

empowered to execute this report as required by chapter 620, Florida Statutes

SIGNATURE _ ...

F13-160-8184

Daytime Telephone Number