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

ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sangra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Pertnership

SIGNATURE

Typed or Printed Name of General Partner Signing Form

DOCUMENT # **A9300000927**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 SEP 17 AMII: 55



Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
14860 SIX MILE CYPRESS PKWY. Ft. Myers Fl 33912	14860 SIX MILE CYPRESS PKV FT. MYERS FL 33912	YY.	09/13/1993	\$9,000.00	
1. WIEND IE 00012	FI. MIENO FL 33912		3a. Date of Last Report		
			09/12/1996	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		FL 6. FEI Number	9,000.	
			65-0453998	Applied For	
City & State	City & State		7. Certificate of Stalus Desired	Not Applicable	
Zip Country	Zip	Country	·	Fee Required	
			8. Make check payable to: Dept. of	State (See reverse side for fee information	
9, Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office			
NOLAND, JOHN A 1715 MONROE STREET		Name			
		Street Address (P.O. Box Number No Acceptable)			
FT. MYERS FL 33902		Suite, Apt. #, etc09/17/9701123006			
		City		****166,75 ****166,75	
100 Purply of the provinces of continue 500 t	OF A and COO AND Florida Ones and discuss			FL Zip Code	
for the purpose of changing its registered of agent. I am familiar with, and accept the obt	051 and 620, 192, Florida Statutes, the above-na office or registered agent, or both, in the State of ligations of section 620, 192, Florida Statutes.	amed limited partnership	organized or registered under the laws of the same of	FL ne State of Florida, submits this stateme aby accept the appointment of registere	
of the purpose of changing its registered of agent. I am familiar with, and accept the obl SIGNATURE (Registered Agent Accepting Appointme A GENERAL PARTNER TH	office or registered agent, or both, in the State of ligations of section 620.192, Florida Statutes. Onto Statutes of the Corporation, and the Corporation, and the Corporation, and the Corporation of th	amed limited partnership Florida. Such change wa LIMITED PA ND ACTIVE	as authorized by its general partner(s). I her	FL ne State of Florida, submits this staterne aby accept the appointment of registere	
of the purpose of changing its registered of agent. I am familiar with, and accept the oblining Appointment of the Company of the AGENERAL PARTNER THE MARTHER THE AGENERAL PARTNER THE MARTHER THE MARTHER THE AGENERAL PARTNER THE MARTHER THE MARTH	office or registered agent, or both, in the State of ligations of section 620.192, Florida Statutes. Ont)	amed limited partnership Florida. Such change wa , LIMITED PA ND ACTIVE V	DATE NRTNERSHIP OR OTHE WITH THIS OFFICE.	FL ne State of Florida, submits this stateme aby accept the appointment of registers	
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SIGNATURE (Registered Agent Accepting Appointme A GENERAL PARTNER TH Name(s) of General Partner(s)	ontice or registered agent, or both, in the State of ligations of section 620.192, Florida Statutes. AAT IS A CORPORATION, INSTERED A Address of Each Gen (Do NOT Use Post Office)	LIMITED PA ND ACTIVE V	DATE RTNERSHIP OR OTHE WITH THIS OFFICE. b. City, State & Zip Code	PL ne State of Florida, submits this stateme aby accept the appointment of registere R BUSINESS ENTITY 11c. Registration/ Document Number	
SIGNATURE (Registered Agent Accepting Appointme A GENERAL PARTNER TH Name(s) of General Partner(s)	ont) HAT IS A CORPORATION NUST BE REGISTERED A Address of Each Gen 11a. (Do NOT Use Post Office) 14880 SIX MILE CYPRE	LIMITED PAND ACTIVE NEITH PARTNERS BOX Numbers)	DATE ARTNERSHIP OR OTHE WITH THIS OFFICE. b. City, State & Zip Code FT. MYERS FL 33912	R BUSINESS ENTITY 11c. Registration/ Document Number P93000040774	

e 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