

FILE ON OR BEFORE DECEMBER 31, 1999 OR FURTHER NOTICE
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT

~~1998~~ 1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN 17 PM 1:42

12/1/97

DO NOT WRITE IN THIS SPACE.

2. New Mailing Address, If Applicable

Suite, Apt. #, etc. 5703 RANDOLPH RD #2

City, State & Zip ROCKVILLE MD 20852

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

1. Name of Limited Partnership

1a. DOCUMENT #
A94000000275

PAINT BRANCH LAKE LAND TRUST LTD.

Mailing Address

3880 RUM ROW-
NAPLES FL 33940

Principal Office Address

~~3880 RUM ROW~~
~~NAPLES FL 33940~~
3880 RUM ROW
NAPLES FL 33940

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in
FLORIDA

03/02/1994

3a. Date of Last Report

10/24/1994

4. State or Country of Formation

FL

5a. Capital Contributions as Shown
on Record

\$1,000.00

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

6. FEE Number

52-1901373X

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

\$175 Additional Fee required
for a Certificate of Status



8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)

THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75).

Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

FALLER, CHARLES S JR.
3880 RUM ROW
NAPLES FL 33940

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
C & J OF NAPLES, INC.	3880 RUM ROW	NAPLES FL 33940	L53861

100002066971--8
-01/24/97--01009--014
****200.00 ****200.00

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 *Bruce J. Teck* DATE 1/18/97
Typed or Printed Name of General Partner Signing Form BRUCE J. TECK SEC TREAS Telephone Number 301-231-6000