


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

FILED

97 OCT 28 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 # A94000000718	
D C & R FAMILY LIMITED PARTNERSHIP		98-AR CM	
Mailing Address C/O CUMMINGS & LOCKWOOD 3001 TAMiami TRAIL NORTH NAPLES FL 34103		Principal Office Address C/O CUMMINGS & LOCKWOOD 3001 TAMiami TRAIL NORTH NAPLES FL 34103	
2. Mailing Address C/O Northern Trust Bank Suite, Apt. #, etc. 4001 TAMiami TRAIL N City & State Naples FL Zip 34103 Country		2a. Principal Office Address C/O Northern Trust Bank Suite, Apt. #, etc. 4001 TAMiami TRAIL N. City & State Naples FL Zip 34103 Country	



3. Date Formed or Registered 05/13/1994	5a. Capital Contributions as Shown on record. \$250,000.00
3a. Date of Last Report 12/04/1996	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number 65-0484038	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent COX, JOE B ESQ. C/O CUMMINGS & LOCKWOOD 3001 TAMiami TRAIL NORTH NAPLES FL 34103		10. If changed, new Registered Agent/Office Name: MR Robert L Wilson Senior Vice President Street Address (P.O. Box Number is Not Acceptable): Northern Trust Bank Suite, Apt. #, etc.: 4001 TAMiami TRAIL North City: Naples FL Zip Code: 34103	
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) <i>Robert L Wilson Sr. VP.</i> DATE 10/27/97			
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) SPRINGBORN, DEBORAH LYNN	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4920 GULF SHORE BLVD. North 4601 Apt #7	11b. City, State & Zip Code NAPLES FL 34103	11c. Registration/ Document Number 000002349820-7 -11/17/97-01163-018 ****541.25 ****541.25

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 *Deborah L. Springborn*
Typed or Printed Name of General Partner Signing Form Deborah Lynn Springborn

DATE Oct 14, 1997
Daytime Telephone Number 941-261-4678

CR2E003 (6/97)