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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



SOUTH SEAS AND CAPTIVA PROPERTIES, LTD.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9400001097**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JAN - 2 PM 3: 29



Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
12800 UNIVERSITY DRIVE. SUITE 350 FORT MYERS FL 33907	12000 UNIVERSITY DRIVE. SUITE 350 FORT MYERS FL 33907		08/11/1994 3a. Date of Last Report	\$1,000.00	
			01/02/1997	5b. Amount of Capita' Contributions in FLORIDA	
2. Mailing Address	28. Principal Office Address		4. State or Country of Formation	to date:	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number 65-0513870	Applied For	
City & State	City & State		7. Certificate of Status Dosired	Not Applicable F \$8.75 Additional	
Zip Country	7ip Country		8. Make check payable to: Dopt. of State (See reverse side for fee Information)		
9. Name and Address of Current Registered Agent			10. If changed, new Registered AgenI/Office		
RESORTS REALTY, INC. ATTN: ELAINE CICCARELLO, VICE PRESIDENT 12800 UNIVERSITY DRIVE, SUITE 350 FORT MYERS FL 33907		Name			
		Street Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt. #, etc.			
		City FL Zip Code			
10a. Pursuant to the provisions of sections 620,105 for the purpose of changing its registered office agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment	e or registered agent, or both, in the State of Florida S thons of section 620 192, Florida Statules.	ed parinership org uch charige was a	anized or registered under the laws of th uthorized by its general parlner(s). I here DATE	aby accept the appointment of registered	
A GENERAL PARTNER THA	AT IS A CORPORATION, LIMI	TED PAR'	TNERSHIP OR OTHE		
11. Name(s) of General Partner(s)	Address of Each General Parti (Do NOT Use Post Office Box Nun	er bers) 11b.	City, State & Zip Code	11c. Registration/ Document Number	
RESORTS REALTY, INC.	12800 UNIVERSITY DRIV		RT MYERS FL 33907	P94000059316	
			000024011306 -01/15/3801028013 ****158.25 ****156.25		
Note: General partners MAY No	OT be changed on this form; ar	amendme	ent must be filed to cha	inge a general partner.	

12. I do hereby certify that the information supplied with this filing is vo'untarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Frelease the Division of

Corporations from any liability of non-compliance with Section 119.07(3)(k) in the own that the information supplied is deemed exempt from public access. If turther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee.

Typed or Printed Name of General Partner Signing Form

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

Daytime Telephone Number .

DATE 12/30/97