
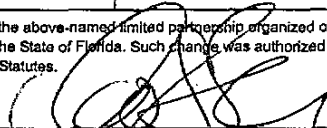
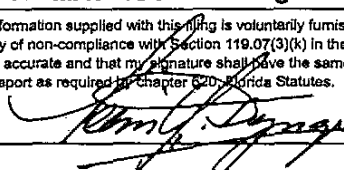


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 14 PM 2:09</b>	
<b>1. Name of Limited Partnership</b>  <b>GULF-SOUTHWEST DEVELOPERS, LTD.</b>		<b>1a. DOCUMENT #</b> <b>A94000001633</b>			
<b>Mailing Address</b>  6017 PINE RIDGE RD., STE. 254 NAPLES FL 34119		<b>Principal Office Address</b>  6017 PINE RIDGE RD., STE. 254 NAPLES FL 34119		<b>3. Date Formed or Registered</b> 12/02/1994 <b>3a. Date of Last Report</b> 10/31/1997 <b>4. State or Country of Formation</b> FL	
<b>2. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip                      Country		<b>2a. Principal Office Address</b>  Suite, Apt. #, etc.  City & State  Zip                      Country		<b>5a. Capital Contributions as Shown on record.</b>  \$500,000.00 <b>5b. Amount of Capital Contributions in FLORIDA to date:</b>  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required <b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	
<b>9. Name and Address of Current Registered Agent</b>  NAPLES-LAWDOCK, INC. 4501 NORTH TAMiami TRAIL, SUITE 300 NAPLES FL 34103		<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City                      FL                      Zip Code			
<b>10a.</b> 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 11/10/98					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
<b>11. Name(s) of General Partner(s)</b>  DC DEVELOPMENT OF NAPLES, IN		<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  4501 TAMiami TRAIL NO		<b>11b. City, State &amp; Zip Code</b>  NAPLES FL 34103-3060	
<b>11c. Registration/Document Number</b>  P97000061396		100002719771--3 -12/22/98--01093--010 *****526.25 *****526.25			
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>					
<b>12.</b> 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  DATE 12/9/98					
Typed or Printed Name of General Partner Signing Form                      Daytime Telephone Number					

CR2E003 (8/98)