

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

FILED

97 DEC 29 AM 10:11

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 SUNSET VILLAS PARTNERS, LTD.	1a. DOCUMENT # A94000001660 <i>QR-AR CM</i>
---	---



Mailing Address 324 5TH AVENUE SOUTH NAPLES FL 34102	Principal Office Address 324 5TH AVENUE SOUTH NAPLES FL 34102
2. Mailing Address 3838 N. Tamiami Trail Suite/Apt. #, etc. 414 City & State Naples FL Zip Country 34103 Collier	2a. Principal Office Address 3838 N. Tamiami Tr. Suite/Apt. #, etc. 414 City & State Naples FL Zip Country 34103 Collier

3. Date Formed or Registered 12/07/1994	5a. Capital Contributions as Shown on record \$200.00
3a. Date of Last Report 11/01/1996	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number 65-0544150 -65-0544210-	<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 CRAWFORD, J. STEPHEN 5129 CASTELLO DRIVE, SUITE 1 NAPLES FL 34103

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 MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) S. V. PARTNERS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 324 FIFTH AVENUE SOUTH 3838 N. Tamiami Tr 414 Naples FL 34103	11b. City, State & Zip Code NAPLES FL 34102 Naples FL 34103	11c. Registration/Document Number P94000088768 7000002399437--2 -01/14/98--01031--009 ****156.25 ****156.25
--	--	---	--

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 D.V.s 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

[Signature]

By S.V. Partners, Inc., a FL Corporation

DATE

12/23/97

Typed or Printed Name of General Partner Signing Form: General Partner, William Kikloha, Daytime Telephone Number

Cr2E003 (6/97)