FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

. DOCUMENT # A9400001792 1. Name of Limited Partnership

New Fee

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lailing Address	Principal Office Address 7401 ESTERO BOULEVARD FORT MYERS BEACH FL 33931		3. Date Formed or Registered 12/21/1994	5a. Capital Contributions as Shown on record.
7401 ESTERO BOULEVARD FORT MYERS BEACH FL 33931				\$4,000,000.00
			3a. Date of Last Report 01/02/1996	5b. Amount of Capital
			4. State or Country of Formatio	Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		FL	
Suite, Apt. #, etc	Suite, Apt. #, etc.		6. FEI Number 65-0549226	Applied For
City & State	City & State		7. Certificate of Status Desired	Not Applicable
Pip Country	Zip	Country		Fee Required
		-1	Make check payable to: Dep	pt. of State (See reverse side for fee information
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office		
THOMPSON, STEPHEN R		Name		
3033 RIVIERA DRIVE, SUITE 201 NAPLES FL 33940	Street Address (P.O		ss (P.O. Box Number Is Not Acceptable)	
THE LLOT E SOSTO	Suite, Apt. #, etc.		etc.	
Pursuant to the provisions of sections 620 1051 an for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation.	registered agent, or both, in the State of F			
for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation GIGNATURE (Registered Agent Accepting Appointment)	registered agent, or both, in the State of F is of section 620 192, Florida Statutes. IS A CORPORATION,	med limited partne lorida. Such chang	pe was authorized by its general partner(s) D PARTNERSHIP OR OT	s of the State of Florida, submits this statement hereby accept the appointment of registered ATE
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agent i am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT MUS 11. Name(s) of General Partner(s) WATERSIDE PARNERS, A FLORIDA Note: General partners MAY NO. 12. I do hereby cert'y that the information supplied with Corporations from any liability of non-compliance with this annual report is true and accurate and triat my series.	T be changed on this for this filing is voluntarily furnished and does the Section 19.07(3)(k) in the event that the ignature shall have the same legal effects.	LIMITED ND ACTIV Box Numbers) VARD Tm; an ame not qualify for the a information supple	PARTNERSHIP OR OTIE WITH THIS OFFICE. 11b. City. State & Zip Code FORT MYER'S BEACH FL 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TILE State of Florida, submits this statement hereby accept the appointment of registered at Each State Stat