

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 SEP 18 PM 2: 04

1. Name of Limited Partnership

1a. DOCUMENT #  
**A94000001792**

**WATERSIDE AT BAY BEACH, LTD.**



Mailing Address  
**7401 ESTERO BOULEVARD  
FORT MYERS BEACH FL 33931**

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.

**\$4,000,000.00**

3a. Date of Last Report

**01/05/1998**

5b. Amount of Capital Contributions In FLORIDA to date:

**4,000,000.00**

4. State or Country of Formation

**FL**

6. FEI Number

**65-0549226**

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$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

~~THOMPSON, STEPHEN R~~  
~~3033 RIVIERA DRIVE, SUITE 201~~  
~~NAPLES FL 33940~~

10. If changed, new Registered Agent/Office

Name  
**JACK STERLING**

Street Address (P.O. Box Number is Not Acceptable)

**10 CARLTON LAKES**

Suite, Apt. #, etc.

**2405 PIPER BLVD.**

City

**Naples**

FL

Zip Code

**34110**

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)

*Jack Sterling*

DATE

**9/18/98**

**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)

**WATERSIDE PARTNERS, INC.**

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

**7401 ESTERO BOULEVARD**

11b. City, State & Zip Code

**FORT MYERS BEACH FL 3**

11c. Registration/Document Number

**P98000058258**

**800002645858--0**  
**-09/22/98--01040--021**  
**\*\*\*\*526.25 \*\*\*\*526.25**

*Robert G. Clausen*

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 870, Florida Statutes.

SIGNATURE

*Robert G. Clausen*

DATE

**9/15/98**

Typed or Printed Name of General Partner Signing Form

**Robert G. Clausen mge.G.P.**

Daytime Telephone Number

**941-596-9067**

CR2E003 (8/98)