

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001848

ERICKSEN/MARSH PARTNERSHIP, LTD.



Handwritten: 1/9

Mailing Address

**6318 TRAIL BOULEVARD
NAPLES FL 33963**

Principal Office Address

**6318 TRAIL BOULEVARD
NAPLES FL 33963**

3. Date Formed or Registered

12/29/1994

5a. Capital Contributions as
Shown on record.

\$1,616,000.00

3a. Date of Last Report

12/28/1995

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

\$1,616,000.00

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

6318 Trail Boulevard

Suite, Apt. #, etc.

6318 Trail Boulevard

City & State

Naples, FL

City & State

Naples, FL

Zip

34108

Country

USA

Zip

34108

Country

USA

4. State or Country of Formation

FL

6. FEI Number

65-0576155



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

**ERICKSEN, GROVER G
6318 TRAIL BOULEVARD
NAPLES FL 33963**

Handwritten: 34108

10. If changed, new Registered Agent/Office

Name

100002056511-4

Street Address (P.O. Box Number Is Not Accepted)

100002056511-4

Suite, Apt. #, etc.

******576.25 ****576.25**

City

FL

Zip Code

34108

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)

ERICKSEN COMMUNITIES, INC.

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

6318 TRAIL BOULEVARD

11b. City, State & Zip Code

NAPLES FL 33963
Handwritten: 34108

11c. Registration/
Document Number

K08738

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 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

Handwritten signature of Grover G. Erickson

DATE

12-24-96

Typed or Printed Name of General Partner Signing Form

GROVER G. ERICKSON

Daytime Telephone Number

941 586 3355

PRESIDENT ERICKSEN COMMUNITIES, INC.

0009085

CP2E003 (6/96)