

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

FILED  
98 FEB 12 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A95000000047
--------------------------------	--------------------------------

KERR PLAZA, LIMITED

Mailing Address 12887 VALEWOOD DRIVE NAPLES FL 34119		Principal Office Address 12887 VALEWOOD DRIVE NAPLES FL 34119		3. Date Formed or Registered 12/30/1994	5a. Capital Contributions as Shown on record. \$480,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/30/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		6. FEI Number 65-0563000	
Zip		Zip		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)
Country		Country			

9. Name and Address of Current Registered Agent COLLINS, JAMES E 12887 VALEWOOD DRIVE NAPLES FL 34119	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL
--	--

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) KERR MANAGEMENT, LC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 13800 TAMiami TRAIL N	11b. City, State & Zip Code NAPLES FL 34110	11c. Registration/ Document Number L97000000982
--	---	--	---

300002432633--3  
-02/17/98--01050--003  
\*\*\*541.25 \*\*\*541.25

**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 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

*James E. Collins*

DATE

2-9-98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/97)