

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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 12 PM 4:13

12/12

1. Name of Limited Partnership SOUTH FLORIDA SEASIDE RESORTS, LTD.	1a. DOCUMENT # A95000000232
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Mailing Address 12650 NEW BRITTANY BOULEVARD, SUITE 101 FT MYERS FL 33907	Principal Office Address 12650 NEW BRITTANY BOULEVARD, SUITE 101 FT MYERS FL 33907	3. Date Formed or Registered 02/16/1995	5a. Capital Contributions as Shown on record. \$7,073,750.00
		3a. Date of Last Report 12/17/1996	5b. Amount of Capital Contributions in FLORIDA to date: 3,372,000.
2. Mailing Address 3045 ESTERO BLVD Suite, Apt. #, etc.	2a. Principal Office Address 3045 ESTERO BLVD Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State FORT MYERS BEACH, FL Zip 33931	City & State FORT MYERS BEACH, FL Zip 33931	6. FEI Number 65-0575570	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Country LEE	Country LEE	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 SMITH, KATHLEEN A 12650 NEW BRITTANY BOULEVARD, SUITE 101 FT MYERS FL 33907	10. If changed, new Registered Agent/Office Name PETE MELONIS Street Address (P.O. Box Number Is Not Acceptable) 3045 ESTERO BLVD Suite, Apt. #, etc. City FORT MYERS BEACH FL Zip Code 33931
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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) *P. Melonis* DATE *12/5/97*

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) SOUTH FLORIDA SEASIDE RESORT	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 12650 NEW BRITTANY BL	11b. City, State & Zip Code FORT MYERS FL 33907	11c. Registration/Document Number P95000013210 300002374843-4 -12/17/97-01048-027 *****541.25 *****541.25
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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 *W. Koch* DATE *12/2/97*
 Typed or Printed Name of General Partner Signing Form **WOLFGANG KOCH PRES** Daytime Telephone Number **941-463-6555**

CR2E003 (6/97)