



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 DEC 17 PM 12:17 mtm 12/23	
1. Name of Limited Partnership HEATHGATE ASSOCIATES LTD.		1a. DOCUMENT # A95000000298			
2. Mailing Address 3371 RIVIERA LAKES COURT BONITA SPRINGS FL 34134		2a. Principal Office Address 3371 RIVIERA LAKES COURT BONITA SPRINGS FL 34134		3. Date Formed or Registered 03/01/1995 3a. Date of Last Report 12/23/1997 4. State or Country of Formation FL 5. Capital Contributions as Shown on record. \$1,000,000.00 5b. Amount of Capital Contributions in FLORIDA to date: 1,000,000.00	
2. Mailing Address 3461 Creekview Drive Suite, Apt. #, etc. Bonita Springs City & State FL Zip 34134 Country Lee		2a. Principal Office Address 3461 Creekview Drive Suite, Apt. #, etc. Bonita Springs, FL City & State Bonita Springs, FL Zip 34134 Country Lee		6. FEI Number 65-0577282 7. Certificate of Status Desired 8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent GOODMAN, KENNETH D GOODMAN BREEN LILE & GOLDMAN 5551 RIDGEWOOD, SUITE 405 NAPLES FL 33923 34103		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
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) STIMPSON, JOHN G STIMPSON, KATHLEEN E		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3371 RIVIERA LAKES CO 3371 RIVIERA LAKES CO 3461 Creekview Drive		11b. City, State & Zip Code BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134 500002723795--2 -12/28/98--01117--019 ****526.25 ****526.25	
11c. Registration/Document Number					
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 John G. Stimpson		Typed or Printed Name of General Partner Signing Form JOHN G. STIMPSON		DATE 12-1-98 Daytime Telephone Number 941.495-8264	

CR2E003 (8/98)