

FILE ON OR BEFORE DECEMBER 31, 1997 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 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership BAHAMA VILLAGE MARKET, LTD.	1a. DOCUMENT # A95000000306
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Mailing Address #8 KEY LIME SQUARE KEY WEST FL 33040	Principal Office Address #8 KEY LIME SQUARE KEY WEST FL 33040
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2. Mailing Address 201 Front St Suite, Apt. #, etc. Suite 310 City & State Key West FL Zip 33040 Country USA	2a. Principal Office Address 201 Front St Suite, Apt. #, etc. Suite 310 City & State Key West FL Zip 33040 Country USA
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3. Date Formed or Registered 03/02/1995	5a. Capital Contributions as Shown on record. \$0.00
3a. Date of Last Report 09/24/1996	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	6. FEI Number 65-0612329
7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent CATES, MICHAEL H #8 KEY LIME SQUARE KEY WEST FL 33040	10. If changed, new Registered Agent/Office Name Cates, Michael H Street Address (P.O. Box Number Is Not Acceptable) 201 Front St Suite 310 Suite, Apt. #, etc. Suite 310 City Key West Zip Code FL 33040
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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) *[Signature]* DATE **9/15/97**

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) OLDTOWN KEY WEST DEVELOPMENT, LTD	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) #8 KEY LIME SQUARE 201 Front St Suite 310	11b. City, State & Zip Code KEY WEST FL 33040	11c. Registration/Document Number: A04345
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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 *[Signature]* DATE **9/15/97**

Typed or Printed Name of General Partner Signing Form **Oldtown Key West Development Ltd** Daytime Telephone Number **(305) 294-3225**

CR2E003 (6/97)