

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 APR -8 AM 9:47



1. Name of Limited Partnership	1a. DOCUMENT # A95000000842
SUNSHINE ISLAND INN, LTD.	

Mailing Address 642 EAST GULF DRIVE SANIBEL ISLAND FL 33957	Principal Office Address 642 EAST GULF DRIVE SANIBEL ISLAND FL 33957	3. Date Formed or Registered 06/02/1995	5a. Capital Contributions as Shown on record. \$90,000.00
		3a. Date of Last Report 03/29/1996	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 65-0598004 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent CARLSON, PETER 1876 ARDSLEY WAY SANIBEL FL 33957	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) Peter Carlson DATE 4/3/97

**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) SUNSHINE ISLAND INN, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1876 ARDSLEY WAY	11b. City, State & Zip Code SANIBEL ISLAND FL 339	11c. Registration/Document Number P95000042404
<p>300002142613-2 -04/14/97--01147--019 ****541.25 ****541.25</p>			

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 Peter Carlson DATE 4/3/97
Typed or Printed Name of General Partner Signing Form PETER CARLSON Daytime Telephone Number 341 4722884

CR2E003 (11/96)