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

99 JAN 20 PM 1:05

1. Name of Limited Partnership

1a. DOCUMENT # A95000001614

OCEAN BOULEVARD SOUTH, LTD.

Mailing Address	Principal Office Address
P.O. BOX 413038 NAPLES FL 34101	2600 GOLDEN GATE PARKWAY SUITE 200 NAPLES FL 34105

2. Mailing Address	**2a.** Principal Office Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered: 10/26/1995

3a. Date of Last Report: 03/09/1998

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $4,351,233.00

5b. Amount of Capital Contributions in FLORIDA to date: $4,351,233

6. FEI Number: 65-0614151 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ $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

COLLIER, BARRON III
2600 GOLDEN GATE PARKWAY
SUITE 200
NAPLES FL 34105

10. If changed, new Registered Agent/Office

Name: Paul J. Marinelli
Street Address (P.O. Box Number Is Not Acceptable): 2600 Golden Gate Pkwy.
Suite, Apt. #, etc: Suite 200
City: Naples FL Zip Code: 34105-3206

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) Paul J. Marinelli DATE 1-7-99

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)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
GABLE, LAMAR	2600 GOLDEN GATE PARK	NAPLES FL 33942-3206 34105	
VILLERE, FRANCES G	2600 GOLDEN GATE PARK	NAPLES FL 33942-3206 34105	
COLLIER, BARRON III	2600 GOLDEN GATE PARK	NAPLES FL 33942-3206 34105	
SPROUL, JULIET C	2600 GOLDEN GATE PARK	NAPLES FL 33942-3206 34105	-6 3206

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(i) 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 effect 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 Juliet C. Sproul DATE 1-4-99

Typed or Printed Name of General Partner Signing Form: Juliet C. Sproul

Daytime Telephone Number: 941 262-2600

CR2E002 (9/98)