

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

99 FEB 10 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership
DIAMOND RIDGE PROPERTIES, LTD.

1a. DOCUMENT #
A95000001993

Mailing Address 501 GOODLETTE RD., SUITE B-201 NAPLES FL 34102		Principal Office Address 501 GOODLETTE RD., SUITE B-201 NAPLES FL 34102		3. Date Formed or Registered 12/21/1995	5a. Capital Contributions as Shown on record \$12,600,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/18/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 65-0630479	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country		Zip Country		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 HAINS, TIMOTHY G 4501 NORTH TAMiami TRAIL, SUITE 300 NAPLES FL 33940	10. If changed, new Registered Agent/Office Name CARMEN SPINELLA Street Address (P.O. Box Number is Not Acceptable) 501 GOODLETTE RD Suite, Apt. #, etc. A 204 City NAPLES FL Zip Code FL 34102
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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)

DATE **12-22-99**

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) DIAMOND RIDGE, L.C.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 201 MURFIELD CIRCLE	11b. City, State & Zip Code NAPLES FL 33962	11c. Registration/Document Number L95000000982
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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

DATE **12-22-98**

Typed or Printed Name of General Partner Signing Form

CARMEN J. SPINELLA

Daytime Telephone Number

941-403-0281

CR2E003 (8/98)