FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

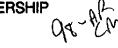
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A95000002013

DOCKSIDE REALTY FAMILY LIMITED PARTNERSHIP



FILED 97 OCT 16 PM 2: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA



Mailing Address Principal Office Address			de son				
28. Principal Office Address 28. Principal Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country 34/03 Country 34/03 Rame and Address of Current Registered Apent 10. If changed, new Registered Agent/Office Namo Namo Namo Namo Namo Name Streel Address of Current Registered Apent 10. If changed, new Registered Agent/Office Namo Namo Namo Name Address of Current Registered Agent (Size Apt. #, etc.) Sixte. Apt. #, etc. City & State 10. If changed, new Registered Agent/Office Namo	4041 GULFSHORE BLVD. NORTH	4041 GULFSHORE BLVD. NORTH	1041 GULFSHORE BLVD. NORTH		\$1,376,900.00 5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address 2a. Principal Office Address FL Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country 34/e3 Country 7. Country 8. Make check payable to: Dept. of State (See reverse side for fee in Name) 9. Name and Address of Current Registered Agent HAINS, TIMOTHY G 4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 34103 10. If changed, new Registered Agent/Office State, Apt. #, etc. City City FL Zip Code City The Date of Status Desired 8. Make check payable to: Dept. of State (See reverse side for fee in Name) Name Name State, Apt. #, etc. City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code State, Apt. #, etc. SicinATURE (Registered Agent) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Namo(s) of General Partner(s) 11a. Address of Each General Partner(s) 11b. City, State & Zip Code 11c. Registrator 11d. Namo(s) of General Partner(s) 11d. Address of Each General Partner(s) 11d. Namo(s) of General Partner(s) 11d. Address of Each General Partner(s) 11d. Namo(s) of General Partner(s) 11d. Namo(s)	NAPLES FL-89940→ NAPLES FL 89940→						
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Zip Country 34/03 Zip Country 34/03 Zip Country 34/03 Zip Country 3 4/03 Zip Country 3 4/03 R. Make check payable to: Dept. of State (See reverse side for fee Ire Require Registered Agent) 9. Name and Address of Current Registered Agent 10. If changed, now Registered Agent/Office HAINS, TIMOTHY G 4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 34103 City FL Zip Code The purpose of changing its registered Agent or both, in the State of Florida. Such change was authorized by its genoral partner(s). Thereby accept the appointment of reagent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN 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. C4y, State & Zip Code 11c. Registration Document Num ZOGRAFOS, JAMES M 4041 GULFSHORE BLVD. NAPLES FL 33940	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For		
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	-	ZOGRAFOS, JAMES M 4041 GULFSHORE BLVD.					
	ZUGRAFUS, DURUINEA S		U. N		2324 07970 541.25	5775 1136014 ****541.25	

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. Frelease 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. 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 eath. Hurther 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 _

Typed or Printed Name of General Painter Signing Form

Daytime Telephone Number