

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

97 JAN -3 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership ERICKSEN/POINTE PARTNERSHIP, LTD.	1a. DOCUMENT # A95000002030
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9/1/13

Mailing Address 6318 TRAIL BOULEVARD NAPLES FL 33963 34108	Principal Office Address 6318 TRAIL BOULEVARD NAPLES FL 33963 34108	3. Date Formed or Registered 12/26/1995	5a. Capital Contributions as Shown on record. \$1,750,000.00
		3a. Date of Last Report 12/29/1995	5b. Amount of Capital Contributions in FLORIDA to date. \$1,750,000.00
		4. State or Country of Formation FL	
2. Mailing Address	2a. Principal Office Address	6. FEI Number APPLIED FOR - 65-0631996	
Suite, Apt. #, etc. 6318 Trail Boulevard	Suite, Apt. #, etc. 6318 Trail Boulevard	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State Naples, FL	City & State Naples, FL	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34108	Country USA	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent ERICKSEN, GROVER G 6318 TRAIL BOULEVARD NAPLES FL 33963 34108	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 34108
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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 _____

**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
ERICKSEN COMMUNITIES, INC.	6318 TRAIL BOULEVARD	NAPLES FL 33963 34108	K08738
ERICKSEN, GROVER G	6318 TRAIL BOULEVARD	NAPLES FL 33963 34108	

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 607, Florida Statutes.

SIGNATURE _____

DATE _____

Typed or Printed Name of General Partner Signing Form _____

GROVER G. ERICKSEN

Daytime Telephone Number _____

941 526 3355