


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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership GUBA FAMILY LIMITED		1a. DOCUMENT # A96000000284	
Mailing Address 813 WYNDEMERE WAY NAPLES FL 33999		Principal Office Address 813 WYNDEMERE WAY NAPLES FL 33999	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country 34105 USA		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
		3. Date Formed or Registered 02/08/1996	
		3a. Date of Last Report	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record \$1,000,000.00	
		5b. Amount of Capital Contributions in FLORIDA to date: 0	
		6. FEI Number <i>See attached</i> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		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 GUBA, PETER G 813 WYNDEMERE WAY NAPLES FL 33999		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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) PETER G. GUBA, TRUSTEE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 813 WYNDEMERE WAY	11b. City, State & Zip Code NAPLES FL 33999	11c. Registration/Document Number 200002054462--1 -01/10/97--01093--017 ****191.25 ****191.25
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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

Peter G. Guba

DATE

12-20-96

Typed or Printed Name of General Partner Signing Form

PETER G. GUBA

Daytime Telephone Number

941-498-6447

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-98

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) PETER G. GUBA	
	2 Trade name of business, if different from name in line 1 GUBA FAMILY LTD PARTNERSHIP	3 Executor, trustee, "care of" name PETER G. GUBA
	4a Mailing address (street address) (room, apt., or suite no.) 813 WYNDEMERE WAY	5a Business address, if different from address in lines 4a and 4b
	4b City, state, and ZIP code NAPLES, FL 34105	5b City, state, and ZIP code
	6 County and state where principal business is located COLLIER, FLORIDA	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ 379-60-0453 PETER G. GUBA	

8a Type of entity (Check only one box.) (See instructions.)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Trust
<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Plan administrator-SSN	<input checked="" type="checkbox"/> Partnership
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify)	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> State/local government	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input type="checkbox"/> Other nonprofit organization (specify)	(enter GEN if applicable)	
<input type="checkbox"/> Other (specify) ▶		

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ N/A	State N/A	Foreign country N/A
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9 Reason for applying (Check only one box.)	<input type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Started new business (specify) ▶	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Hired employees	<input checked="" type="checkbox"/> Created a trust (specify) ▶ TRUST DTD 2/8/96
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Other (specify) ▶
<input type="checkbox"/> Banking purpose (specify) ▶	

10 Date business started or acquired (Mo., day, year) (See instructions.) FEBRUARY 8, 1996	11 Enter closing month of accounting year. (See instructions.) DECEMBER
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12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ N/A
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13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." ▶ N/A	Nonagricultural	Agricultural	Household
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14 Principal activity (See instructions.) ▶ N/A
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15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
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17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c. ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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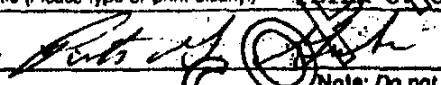
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.
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Legal name ▶ **PETER G. GUBA** Trade name ▶ **WYNDEMERE WAY**

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN LATE 1992 NAPLES, FLORIDA UNKNOWN

Under penalties of perjury I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ PETER G. GUBA, TRUSTEE	Business telephone number (include area code) 941-591-7938
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Signature ▶ 	Date ▶ 12-20-96
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Note: Do not write below this line. For official use only.

Please leave blank ▶	Gen	Ind	Class	Size	Reason for applying
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