## 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

98 DEC 31 PM 2: 33

## DOCUMENT # 1. Name of Limited Partnership SECRETARY OF STATE TALLAHASSEE, FLORIDA A96000000346 WATERWAYS OF NAPLES, LIMITED 3. Date Formed or Registered 5a. Capital Contributions as Shown on record. Mailing Address Principal Office Address 02/22/1996 15292 SW 17 STREET 15292 SW 17 STREET \$550,000.00 DAVIE FL 33326 DAVIE FL 33326 3a. Date of Last Report 03/20/1998 **5b.** Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address FL Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For Not Applicable 65-0678565 City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Ζiρ Country Zip Country 8. Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent harles D. Robbins Barron Squitero, Faust & Berman less (P.O. Box Number is Not Acceptable) If changed, new Registered Agent/Office ROBBINS, CHARLES D WAMPLER, BUCHANAN & BREEN, P.A. Boushore Drive 777 BRICKELL AVE., STE. 900 MIAMI FL 33131 33133 $\omega_{\omega \omega}$ 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) \_ A GENERAL PARTNER THAT IS A CORPORATION. LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ 11. Name(s) of General Partner(s) 11b. City, State & Zip Code 11c. Document Number WATERWAYS DEVELOPMENT, INC. % 15292 SW 17 ST. DAVIE FL 33326 P95000095040 600002745196---01/18/99--01001--014 \*\*\*\*535.00 \*\*\*\*535.00 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 filling is votuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of

12. Ido hersby certify that the information supplied with this filing is votuntarily 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 phapter 620, Florida Statutes.

SIGNATURE.

Typed or Printed Name of General Partner Signing

Richard Davenport

\_\_\_\_ DATE /2- L1.58

\_\_\_ Daytime Telephone Number 151-382-0020

CR2E003 (8/98)