

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

1,690.25

LIMITED PARTNERSHIP
ANNUAL REPORT

19974/998



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB 24 PM 3:28

1. Name of Limited Partnership Towns End Shores Development, Ltd.		1a. DOCUMENT # A96 000000 909	
Mailing Address 2831 Ringling Blvd. Sarasota, FL 34237		Principal Office Address 2831 Ringling Blvd. SUITE 213D SARASOTA, FL 34237	
2. Mailing Address SAME		2a. Principal Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
3. Date Formed or Registered 5-13-96		5a. Capital Contributions as Shown on record \$36,000	
3a. Date of Last Report 1996		5b. Amount of Capital Contributions in FLORIDA to date: \$36,000	
4. State or Country of Formation Florida		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" type="checkbox"/>		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent Nick Roknich, III 1819 Main Street, Suite 700 Sarasota, FL 34236		10. If changed, new Registered Agent/Office Name: Nick Roknich, III Street Address (P.O. Box Number is Not Acceptable): 1800 SECOND ST., SUITE 901 Suite, Apt. #, etc.: City: SARASOTA FL Zip Code: 34236	
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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
Construction Team Management, Inc.	8584 Woodbriar Dr.	Sarasota, FL 34238	P93000082094
Oak Shores Development Corporation	2831 Ringling Blvd.	Sarasota, FL 34237	P96000017046
300 252. 88.75 300 252. 88.75		800002441498--1 -02/26/98--01057--007 ***1690.25 ***1690.25	97-98 cus dec

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CP2E003 (6/96)