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 #

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 SEP 29 PM 12: 00



EAL GROWTH ASSOCIATES, LTD.						
Making Address	Principal Oflice Address 3033 RIVIERA DR., STE, 202 NAPLES FL 34103			3. Date Formed or Registered	5a. Capital Contributions as	
3033 RIVIERA DR., STE. 202 NAPLES FL 34103				06/03/1996 3a. Date of Last Report 11/06/1996	58. Capital Contributions as Supply of Espand, 29-39-99-99-99-99-99-99-99-99-99-99-99-99	
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to date:	
				_FL	\$1,166,496.57	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		1	6. FEI Number	Applied For	
City & State	City & State	City & State		65-0672756 7. Certificate of Status Desired	Not Applicable	
Zip Country	Zip	Zip Country			\$8.75 Additional Fee Required	
		. — —		O. Make check payable to: Dept.	of State (See reverse side for fee Information)	
9, Name and Address of Cur	rrent Registered Agent			10. If changed, new Registe	red Agent/Office	
MI POLIDAL E MICHAEI		Namo				
KILBOURN, E. MICHAEL 3033 RIVIERA DR., STE. 202		Street Address (P.O. Box Number is Not Acceptable)				
NAPLES FL 33940		Suite, Apl. #, etc				
		City		FL Zip Code		
agent I am familiar with, and accept the oblig- SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THA	9	, LIMITED	PART	NERSHIP OR OTH	ER BUSINESS ENTITY	
11. Name(s) of General Partner(s)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State & Zip Code	11c. Registration/ Document Number	
KILBOURN, E. MICHEAL WINTERMEYER, MARTHA ANN		3033 RIVIERA DR., STE 3033 RIVIERA DR., STE		LES FL 33940 (************************************	2310117	
•						
Note: General partners MAY N	OT be changed on this fo	rm; an am	endme	nt must be filed to cl	hange a general partner.	
12. I do hereby certify that the information supplied of Corporations from any liability of non-compliance this annual report is true and accurate and that rempowered to execute this report as required by	with this filing is voluntarily furnished and does e with Section 119.07(3)(k) in the event that th my signature shall have the same legal effects	s not qualify for the	e exemption plied is deer	stated in Section 119.07(3)(k), Floring december the second from public access. I full for certify that I am a General Partner	da Statutes I release the Division of rther certify that the information indicated on of the limited partnership, receiver or trustee	
SIGNATURE	uchael /XI	wur	n	DATE _	9/23/97	
Typed or Printed Name of Coneral Partner Signing Ford	E. Michael Ki.	1hourn		Daylime Telephone Number	941-261-1888	