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

LIMITED PARTHERSHIP : ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

18.A96000001287

FLORIDA SHELF PROJECT #11 LIMITED PARTNERSHIP
Marina Cove - Naples Limited Partnership

FILED 97 FEB -4 PM 12: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| Mailing Address -G/O RON FENN 7675 DR. PHILLIPS BLVD.: SUITE 230 -ORLANDO FL 32819   | Principal Office Address  -279 RON FENN 7575 DR. PHILLIPS BLVD., SUITE 230 ORLANDO FL 32819  28. Principal Office Address |                   | 3, Date Formed or Registered 07/08/1996       | 5a. Capital Contributions as Shown on record.                                   |                |  |
|--|---|-------------------|---|---|----------------|--|
| 2. Mailing Address   |   |                   | 4. State or Country of Formation              | 5b. Amount of Capital<br>Contributions in FLORIDA<br>to date:                   |                |  |
| Mark touth   | Suite, Apt. #, etc.   |                   | 6. PEI Number                                 |   | 4              |  |
| 16830 Ventura Blud #352  |   |                   | AC UCC 7                                      | 772 Applied For   |                |  |
| City & State   | City & State  |                   | 7. Certificate of Status Desired              |   | 4              |  |
| Encino, Ct<br>Zip Country  | Zip Country   |                   |   | \$8.75 Additional<br>Fee Required   | _              |  |
| 91436  |   |                   | 8. Make check payable to: Dept.               | 8. Make check payable to: Dept. of State (See reverse side for fee information) |                |  |
| Name and Address of Current B  | azistered Agent   |                   |   | od Anost/Office   | -              |  |
| 9. Name and Address of Current Registered Agent FENN, RON Name   |   | Name              | 10. If changed, new Registered Agent/Office   |   |                |  |
| THE DE CHILDS BUT ALVES AND  |   | Street Address    | Process (P.O. Box Number is Not Acceptable)   |   |                |  |
| ORLANDO FL 32819 75  |   | 7575              | 75 Dr. Phillips Blud                          |   |                |  |
| Su   |   | Suite, Apt. #, et | Suffe, Apt. W. etc.                           |   |                |  |
| City   |   | 2                 | FL 32819                                      | 7   |                |  |
| 10a. Pursuant to the provisions of sections 620.1  | 20.192, Florida St., Ites, the above-name   | limited partnersh | nip organized or registered under the laws of |   | 1              |  |
| for the purpose of changing its registered office or re-<br>agent. I am familiar with, and accept the obligations of   | gistered agent, or both in the State of Flori   |                   |   |   | -              |  |
| gen ( and a supplied to a supp |   |                   |   |   |                |  |
| SIGNATURE (Registered Agent Accepting Appointment)   |   |                   | DAT   |   | - y"           |  |
| A GENERAL PARTNER THAT IS  | S A CORPORATION, L<br>BE RECOSTERED AN  | IMITED P          | ARTNERSHIP OR OTHI<br>WITH THIS OFFICE.       | ER BUSINESS ENTITY  |                |  |
| 11. Name(s) of General Partner(s)  | 10 10 10 10 10 1  |                   | 1b. City, State & Zip Code                    | 11c. Registration/  | 7              |  |
| FLORIDA SHELF GP #11, L.C.   | 7575 DR. PHILIPS BLVD   |                   | ORLANDO FL 32819                              | L9600000722   | (96/9          |  |
|  |   |                   | 800002<br>-02/10<br>*****                     | 0819985<br>/9701009002<br>/6,25 ****576,25                                      | CR2E003 (6/96) |  |
| •  |   |                   | <i>ተ</i> ምምብ                                  | 10.23 *****310.23   | 12             |  |
| •  |   |                   |   |   | 1              |  |
| •  | }   |                   |   |   |                |  |
| •  |   |                   |   |   |                |  |
|  | 400   | ~~!               | ~6  |   |                |  |
|  |   | 210               |   |   | 4              |  |
| Note: General partners MAY NOT   |   |                   |   |   | 4              |  |
| <ol> <li>I do hereby certify that the information supplied with this<br/>Corporations from any liability of non-compliance with S<br/>this annual report is true and accurate and that my sign</li> </ol>  | ection 119.07(3)(k) in the event that the intature shall have the same legal effects as                                   | ormation supplied | is deemed exempt from public access. I fur    | ther certify that the information indicated on                                  |                |  |
| empowered to execute this report as required by chapt  | er 620, Florida Statutes.  HHacked  |                   |   | 12/10/36  |                |  |
| SIGNATURE  |   |                   |   |   |                |  |
|  |   |                   | DATE Daytime Telephone Number                 | 818 385 0005  | •              |  |

Limited Partnership Annual Report 1997

## MARINA COVE-NAPLES LIMITED PARTNERSHIP a Florida limited partnership

By: Marina Cove-Naples GP, L.C.,

a Florida limited liability company

General Partner

By: Hearthstone Advisors, Inc.,

a California corporation

Manager

Richard O. Werner

Chief Executive Officer

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SECRETARY OF STATE
ANALYSEE ELOSINA