

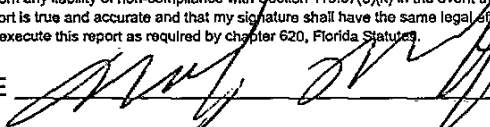


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 15 AM 11:49 with 12/22	
1. Name of Limited Partnership AIRPORT ROAD LIMITED PARTNERSHIP		1a. DOCUMENT # A96000001303			
Mailing Address P.O. BOX 893 BLOOMFIELD HILLS MI 48034		Principal Office Address 626 GULF SHORE BLVD., SOUTH NAPLES FL 34102		3. Date Formed or Registered 07/08/1996 3a. Date of Last Report 04/27/1998 4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$100.00 5b. Amount of Capital Contributions in FLORIDA to date: <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. FEI Number 59-3392731 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 ARONOFF, JANET Y 626 GULF SHORE BLVD., SOUTH NAPLES FL 34102				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)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code	
AIRPORT ROAD, INC.		626 GULF SHORE BLVD.,		NAPLES FL 34102	
				11c. Registration/ Document Number P96000057691	
8000002720898--4 -12/23/98--01056--011 ****141.25 ****141.25					
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  DATE 11-19-98 Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____					

CR2E003 (8/98)