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

Scretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A9600001767

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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CALE TRADERS, LTD.			110000 400 1000 400 400 400		
Malling Address	Principal Office Address		3, Date Formed or Registered	5a. Capital Contributions as Shown on record.	
811 PELICAN BAY BLVD., SUITE 205 APLES FL 34108	5811 PELICAN BAY BLVD SUITE 205 NAPLES FL 34108		09/24/1996 3a. Date of Last Report	\$100,000.00	
			03/28/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	28. Principal Office Address		4. State or Country of Formation	to date	
sulte, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number 59-31	39-34076101 Applied For	
City & State	City & State		APPLIEU FUR UNot Applicable		
Zip Country	Zip Co	ountry	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
		·········	8. Make check payable to: Dept. of	State (See reverse side for fee informati	
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office			
PAGANO, LAURENCE J 5811 PELICAN BAY BLVD., SUITE 205 NAPLES FL 34108		Name			
		Street Address (P.O. Box Number Is Not Acceptable)			
		Suita, Apt. N, etc.			
		City		FL Zip Code	
agent. I am familiar with, and accept the oblig	ce or registered agent, or both, in the State of Florida ations of section 620.192, Florida Statutes.				
GNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER THA MU	AT IS A CORPORATION, LIN JST BE REGISTERED AND	ACTIVE WI	TNERSHIP OR OTHE	R BUSINESS ENTITY	
1. Name(s) of General Partner(s)	11a. Address of Each General Pa (Do NOT Use Post Office Box N	artner 11b.	City, State & Zip Code	11c. Hegistration/ Document Number	
THE BEACON COMPANIES, INC.	9578 CRESCENT LAKE DR	NAI	NAPLES FL 34109 P95000066746 Eiル ま ラマー 34つ 76		
	1				
		A	600 002- -02/09, *****\$4	4243564 /9801002021 41.25 ****\$41.25	
			600002- -02/09, *****5/	4243564 /9801002021 41.25 ****\$41.25 KWM	

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.

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SIGNATURE ____ Typed Printed Name of General Partner Signing Form

Daytime Telephone Number