

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR 23 PM 3: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership PORT BOUGAIN, LTD.		1a. DOCUMENT # A96000001784	
Mailing Address 5121 CASTELLO DRIVE, SUITE 2 NAPLES FL 34103	Principal Office Address 5121 CASTELLO DRIVE, SUITE 2 NAPLES FL 34103		
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

3. Date Formed or Registered 09/26/1996	5a. Capital Contributions as Shown on record \$8,500.00
3a. Date of Last Report 11/10/1997	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	
6. FEI Number 59-3400725	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 WHITE, JOHN P 5121 CASTELLO DRIVE, SUITE 2 NAPLES FL 34103		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) <i>JOHN P. WHITE</i> DATE 3-18-99			
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) PORT BOUGAIN, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5121 CASTELLO DRIVE,	11b. City, State & Zip Code NAPLES FL 34103	11c. Registration/ Document Number P96000079924
2000002828812--B -03/30/99--01045--001 SL 3-26-99 *****148.25 *****148.25			

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

Typed or Printed Name of General Partner Signing Form

Pres. BOUGAIN VILLAS INC. GEN. PARTNER
JOHN P. WHITE

DATE

3-15-99

Daytime Telephone Number

941-649-7777

CR2E003 (12/98)