

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB 17 AM 9:22



1. Name of Limited Partnership	1a. DOCUMENT # A96000001934
EAGLE RIDGE LAKES DEVELOPMENT, LTD.	

Mailing Address 4158 LORRAINE AVENUE NAPLES FL 34104	Principal Office Address 1000 N. TAMiami TRAIL, SUITE 201 NAPLES FL 34102	3. Date Formed or Registered 10/17/1996	5a. Capital Contributions as Shown on record. \$1,134,020.60
		3a. Date of Last Report	5b. Amount of Capital Contributions In FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country	Zip Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SIESKY, JAMES H 1000 N. TAMiami TRAIL, SUITE 201 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	11c. Registration/Document Number
F C PROPERTIES, INC.	4158 LORRAINE AVENUE	NAPLES FL 34104	P95000075954
OSPREY PROPERTIES, INC.	1500 OSPREY AVENUE	NAPLES FL 34112	P95000075948
R.H. OF NAPLES, INC.	4500 EXECUTIVE DRIVE	NAPLES FL 34119	649458
<p>600002097196--0 -02/25/97--01118--006 ****541.25 ****541.25</p> <p><i>dec 541.25 (new bus)</i></p>			

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 **2/10/97**

Typed or Printed Name of General Partner Signing Form

Frank W. Cooper, Pres. Fc Properties, Inc.

Daytime Telephone Number **(941) 643-5053**