## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



SAN-CAP MANAGEMENT GROUP LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9600002007** 

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JAN - 6 PM 3: 16



## Mailing Address Principal Office Address 3. Date Formed or Registered Shown on record Shown on record 10/28/1996 \$40,000.00 \$40,000.00 \$50. Amount of Capital Contributions as Shown on record \$40,000.00 \$40,000.00 \$50. Amount of Capital Contributions in FLORIDA

|                     |             |                              | 02/27/1997                       | 5b. Amount of Capital<br>Contributions in FLORIDA |  |
|---------------------|-------------|------------------------------|----------------------------------|---|--|
| 2. Mailing Address  |             | 28. Principal Office Address | 4. State or Country of Formation | HO,000 00   |  |
| Sulte, Apt. #, etc. |             | Suite, Apt. #, etc.          | 6, FEI Number 59-189             | Applied For Not Applied For                       |  |
| City & State        |             | City & State                 | APPLIED FOR                      | Not Applicable                                    |  |
| Zip                 | Country Zip | Z <sub>ID</sub> Coun         | 7. Certificate of Status Desired | \$8.75 Additional Fee Required                    |  |
| Zip                 |             | 2.p Country                  | •                                | of State (See reverse side for tee information)   |  |

| 9. Name and Address of Current Registered Agent | 10. If changed, new Registered Agent/Office             |  |  |
|---|---|--|--|
| DEGENNARO, CATHERINE M                          | Name Street Address (P.O. Box Number Is Not Acceptable) |  |  |
| 9470 BALSA COURT<br>SANIBEL FL 33957            | Suite, Apt. #, etc. 201/23/9801023004                   |  |  |
|   | city *****383.75 ****8833.75                            |  |  |

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, it 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) | Address of Each General Partner (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/<br>Document Number |  |
|-----------------------------------|--|-----------------------------|---------------------------------------|--|
| CAPTIVA ISLAND INN, INC.          | 9470 BALSA COURT   | SANIBEL FL 33957            | P96000087006                          |  |
|                                   |  |                             |                                       |  |
|                                   |  |                             |                                       |  |
|                                   |  |                             |                                       |  |
|                                   |  |                             |                                       |  |

280,00 103.75

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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 filting 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 ( | atherie | DL | ken | raio |
|-------------|---------|----|-----|------|
|             |         |    |     |      |

DATE 12-30-97

Typed or Printed Name of General Partner Signing Form \_\_

\_\_\_ Daytime Telephone Number \_

. 20 11

(100)