

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE  Secretary of State DIVISION OF CORPORATIONS	
--	--	---	--

FILED  
95 DEC 16 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership  P.J.L. Family Limited Partnership	1a. DOCUMENT # A96-2162 97-AR LUS
---	--

Mailing Address 850 Park Shore Drive Suite 200 Naples, Florida 34103	Principal Office Address 850 Park Shore Drive Suite 200 Naples, Florida 34103
2. Mailing Address 850 Park Shore Drive Suite, Apt. #, etc. Suite 200 City & State Naples, Florida Zip Country 34103 Collier	2a. Principal Office Address 850 Park Shore Drive Suite, Apt. #, etc. Suite 200 City & State Naples, Florida Zip Country 34103 Collier

3. Date Formed or Registered 11/25/96	5a. Capital Contributions as Shown on record 1,500,000.00
3a. Date of Last Report Not Applicable	5b. Amount of Capital Contributions in FLORIDA to date 841,500.00
4. State or Country of Formation Collier County, FL	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information) \$585.00

9. Name and Address of Current Registered Agent  Thomas J. Longe 850 Park Shore Drive, Suite 200 Naples, Florida 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) \_\_\_\_\_

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)  P.J.L. of Naples, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 850 Park Shore Drive	11b. City, State & Zip Code Naples, Florida 34103	11c. Registration/Document Number P96000095910
---	---	--	---

**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 BY: P.J.L. Family Limited Partnership  
Patrick J. Longe, President of P.J.L. of Naples, Inc., as General Partner  
Typed or Printed Name of General Partner Signing Form  
DATE 12/14/96  
Daytime Telephone Number (941) 263-8900

CR2E003 (6/96)