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

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9600002470**

WHISKEY CREEK DEVELOPMENTS, LTD.

DIVISION OF CORPORATIONS
97 MAR 13 PM 12: 07



Mailing Address SUITE 18. ANGLERS PLAZA 870 BALD EAGLE DRIVE MARCO ISLAND FL 34145	Principal Office Address SUITE 1B. ANGLERS PLAZA 870 BALD EAGLE DRIVE MARCO ISLAND FL 34145		3. Date Formed or Registered 12/27/1996 38. Date of Last Report	5a. Capital Contributions as Shown on record. \$500.00	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-342-834	Applied For	
City & State	City & State		7. Certificate of Status Desired	Not Applicable \$8.75 Additional	
Zip Country	Zip Country			Fee Required State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent WHISKEY CREEK DEVELOPMENTS, INC. SUITE 1B, ANGLERS PLAZA		10. If changed, new Registered Agent/Office			
		Street Address (P.O. Box Number Is Not Acceptable)			
870 BALD EAGLE DRIVE MARCO ISLAND FL 34145	Suite, Apt. #, etc. City		, etc.		
MANUO ISLAND FE SAINS			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					
	BE REGISTERED AND Address of Each General F	3		11C, Registration/	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box	1		- DOCUMENT HOMBE	
whiskey creek developments,	SUITE 1B, ANGLERS PL.		MARCO ISLAND FL 34145 50002 -03/14 ****1	P96000086596 1 1 3 8 3 5 4 /9701068007 56.25 ****156.25	
	dec 19	24.00	(man be	Cae	
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 eath. 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 39. DATE DATE					
Typed or Printed Name of General Partner-Signing Form JAMES) M. NEINDEN MES. Daytime Telephone Number 941 389 1110					