



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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 DEC 22 AM 11:01 <i>mtm</i> 12/30	
1. Name of Limited Partnership TARPON LIMITED PARTNERSHIP		1a. DOCUMENT # A97000000112			
Mailing Address C/O MARTIN WASMER 600 5TH AVENUE SOUTH #210 NAPLES FL 34102		Principal Office Address C/O MARTIN WASMER 600 5TH AVENUE SOUTH #210 NAPLES FL 34102		3. Date Formed or Registered 12/30/1996 5a. Capital Contributions as Shown on record. \$1,500,000.00	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 08/08/1997 4. State or Country of Formation FL 5b. Amount of Capital Contributions in FLORIDA to date: \$8.75 Additional Fee Required	
				6. FEI Number 59-3478140 APPLIED FOR 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)	
9. Name and Address of Current Registered Agent WASMER, MARTIN M 600 FIFTH AVENUE SOUTH, SUITE 210 NAPLES FL 34102		10. If changed, now 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					
WASMER, JOHN C WASMER, MARY M		600 FIFTH AVENUE SOUT 600 FIFTH AVENUE SOUT		NAPLES FL 34102 NAPLES FL 34102	
		1000002386821 -- 8 -12/31/97-01023-013 ***550.00 ***550.00			
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 <i>John C Wasmer</i>		Typed or Printed Name of General Partner Signing Form John C Wasmer		Daytime Telephone Number 941-262-0961	