## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A9700000644

## FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## NORTHBROOKE DEVELOPMENT, LTD. 3 Date Formed or Registered Capital Contributions as Shown on record. Mailing Address Principal Office Address 03/18/1997 4500 EXECUTIVE DRIVE 4500 EXECUTIVE DRIVE \$15,000,000.00 SHITE 300 3a. Date of Last Report SUITE 300 NAPLES FL 34119 NAPLES FL 34119 5b. Amount of Capital Contributions in FLORIDA to date: 12/22/1997 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address 15,000,000.00 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For Not Applicable 65-0734285 City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Zip Zip Country Country 8. Make check payable to: Dept. of State (See reverse side for fee information) 10. If changed, new Registered Agent/Office Name and Address of Current Registered Agent SALVATORI, LEO J Street Address (P.O. Box Number Is Not Acceptable) 4501 NORTH TAMIAMI TRAIL, SUITE 300 Suite, Apt. #, etc. NAPLES FL 34103 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 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) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner Registration/ 11. Name(s) of General Partner(s) 11b. City, State & Zip Code 11c. 11a. (Do NOT Use Post Office Box Numbers) Document Number **BONITA GRANDE HOTEL CORPORAT** 4500 EXECUTIVE DRIVE NAPLES FL 34119 L89526 300002673483---10/27/98--01062--023 \*\*\*\*526.25 \*\*\*\*526.25 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do hereby cartify that the information supplied with this filling 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 cath. I further certify that I am a General Partner of the limited partnership, receiver or trustee ed to execute this report as required by chapter 620, Florida Statutes. SIGNATURE CPTyped or Printed Name of General Partner Signing Form