

**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. Martham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 21 PM 1:48



STOEHR FAMILY LIMITED PARTNERSHIP

1. Name of Limited Partnership	1a. DOCUMENT # A97000000951	
STOEHR FAMILY LIMITED PARTNERSHIP		
Mailing Address 1350 MISTY PINES CIRCLE, #106 NAPLES FL 34105	Principal Office Address 1350 MISTY PINES CIRCLE, #106 NAPLES FL 34105	
2. Mailing Address	2a. Principal Office Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
3. Date Formed or Registered 04/30/1997		5a. Capital Contributions as Shown on record. \$1,500,000.00
3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date: Approx. \$1,250,000.00
4. State or Country of Formation FL		6. FEI Number 59-3443287
		7. Certificate of Status Desired <input 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 GOODMAN, KENNETH D GOODMAN & BREEN 5551 RIDGEWOOD DRIVE, SUITE 405 NAPLES FL 34108 34108	10. If change in current Agent/Office 10000-238441-3 -11/26/97-01110-023 ****541.25 ****541.25
Name GOODMAN, KENNETH D GOODMAN & BREEN 5551 RIDGEWOOD DRIVE, SUITE 405 NAPLES FL 34108 34108	
Street Address (P.O. Box Number Is Not Acceptable)	
Suite, Apt. #, etc.	
City FL	
Zip Code 70000-238441-3 -11/26/97-01110-023 ****541.25 ****541.25	

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) STOehr, LOIS GOOD MILLIGAN, DIEDRE CHESLEY, RHONDA	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1350 MISTY PINES CIRC 1350 MISTY PINES CIRC 3056 Durham Road	11b. City, State & Zip Code NAPLES FL 34105 NAPLES FL 34105 HOPEWELL, VA 22536 Buckingham, PA 18912	11c. Registration/ Document Number <i>11-24</i>
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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 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 *Diedre N. Milligan*

Typed or Printed Name of General Partner Signing Form **Diedre N. Milligan**

DATE **11/14/97**

Daytime Telephone Number **941-262-2600**

CR2E003 (6/97)