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

LIMITED PARTNERSHIP ANNUAL REPORT 1998

CIETU AVENI IE COLITU



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** A97000001402

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 OCT -8 PM 2: 12



SOF FIFTH AVENUE SOUTH, E	ib.		
Mailing Address	Principal Office Address	3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record.
C/O GULFSHORE INVESTMENT 4001 TAMIAMI TRAIL NORTH, SUITE 265 NAPLES FL 3413	C/O GULFSHORE INVESTMENT 4001 TAMIAMI TRAIL NORTH, SUITE 26 NAPLES FL 3413	<b>06/25/1997 3a.</b> Date of Last Report	\$1,000,000.00  5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	28. Principal Office Address	4. State or Country of Formation	to date
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number	Applied For
City & State  Zip Country	City & State	7. Certificate of Status Desired	Not Applicable  \$8.75 Additional Fee Required
	219 0001		of State (See reverse side for fee information
9. Name and Address of Current	Registered Agent	10. If changed, new Regist	ered Agent/Office
C/O GOODLETTE, COLEMAN & JOHNSON, P.A. 4001 TAMIAMI TRAIL N., STE. 300 NAPLES FL 34103  10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-nat for the purpose of changing its registered office or registered agent, or both, in the State of Fagent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.		eel Address (P.O. Box Number is Not Acceptable) 1001 Tamiami Trail No ite, Apt #, etc. Suite 265 Vaples ed partnership organized or registered under the laws uch change was authorized by its general partner(s). I	FL Zip Code 3 4 1 0 3
SIGNATURE (Registered Agent Accepting Appointment)	whan	DA	1E 9/28197
A GENERAL PARTNER THAT MUST	IS A CORPORATION, LIMI FBE REGISTERED AND A	TED PARTNERSHIP OR OTH CTIVE WITH THIS OFFICE.	ER BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each General Partn (Do NOT Use Post Office Box Num		11c. Registration/ Document Number
GULFSHORE INVESTMENT, INC.	4001 TAMIAMI TR. N.,	NAPLES FL 34103	P93000040415
INTERNATIONAL GENERAL PARTNE	4001 TAMIAMI TR. N.,	NAPLES FL 34103	P96000098792
		100002 -10/0 ****	23 165/21 — 9 9/97—01/02—006 541, 25 ****541.25
Note: General partners MAY NOT	he changed on this form; or	amondment must be filed to a	hanga a ganaral narthar

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), Fiorida Statutes, I release the Division of Opporations 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 the annual report is true and accurate and that my signature shall have the same legal effects as if made under certify that the information indicated on the annual report is true and accurate and that my signature shall have the same legal effects as if made under certify that have certify that the information indicated on the annual report is true and accurate and that my signature shall have the same legal effects as if made under certify that have certify that the information indicated on the annual report is true and accurate and that my signature shall have the same legal effects as if made under certify that have certified the certified on the certified in the certified on the certified in the certifi annual report is true and accurate and that my signature shall have the same legal effects as if made under path. I further certify that I am a General Partner of the limited partnership, receiver or trustee

RAiner N. Filthaut

DATE 9/20/97 (941) 643-1131 Daytime Telephone Number