

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

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| LIMITED PARTNERSHIP ANNUAL REPORT 1998 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 31 PM 3:11



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| 1. Name of Limited Partnership | 1a. DOCUMENT # A97000001497 |
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TERRA VERDE AT GREY OAKS, LTD.

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| Mailing Address 3200 BAILEY LANE, SUITE 117 NAPLES FL 34105 | Principal Office Address 3200 BAILEY LANE, SUITE 117 NAPLES FL 34105 | 3. Date Formed or Registered 07/07/1997 | 5a. Capital Contributions as Shown on record \$839,099.52 |
| 2. Mailing Address | 2a. Principal Office Address | 3a. Date of Last Report | 5b. Amount of Capital Contributions in FLORIDA to date: \$874,162.10 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. State or Country of Formation FL | 6. FEI Number 59-7103964 |
| City & State | City & State | 7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | 8. Make check payable to: Dept. of State (See reverse side for fee information) |
| Zip Country | Zip Country | | |

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| 9. Name and Address of Current Registered Agent PRICE, R. SCOTT 2840 GOLDEN GATE PARKWAY, SUITE 315 NAPLES FL 34105 | 10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code |
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10a. Pursuant to the provisions of sections 620.105(1) 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.**

| | | | |
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| 11. Name(s) of General Partner(s) FLORIDA BAY, INC. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3200 BAILEY LANE, SUI | 11b. City, State & Zip Code NAPLES FL 34105 | 11c. Registration/ Document Number P97000058172 |
| 000002396060---2 -01/03/98--01103--001 ****541.25 dec (437.50 103.75) | | | |

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 damages in accordance 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 statement required by chapter 620, Florida Statutes.

SIGNATURE

NICK SHEPARD, PRESIDENT DATE 12.23.97

Typed or Printed Name of General Partner Signing Form

FLORIDA BAY INC, GENERAL

Daytime Telephone Number

941-643-6767

CR2E003 (5/97)