



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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>97 DEC 10 PM 1:10</p> 	
1. Name of Limited Partnership CAMPBELL FAMILY LIMITED PARTNERSHIP, LTD.		1a. DOCUMENT # A97000001578			
Mailing Address 78 SEAGATE DRIVE NAPLES FL 34101		Principal Office Address 78 SEAGATE DRIVE NAPLES FL 34101		3. Date Formed or Registered 07/18/1997 3a. Date of Last Report N/A	
2. Mailing Address Box 413005 Suite, Apt. #, etc. # 310		2a. Principal Office Address Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State Naples FL		City & State		5a. Capital Contributions as Shown on record. \$990,000.00	
Zip 34101-3005		Country USA		5b. Amount of Capital Contributions in FLORIDA to date. 990,000.00	
6. FEI Number 65-0781333		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
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					
CAMPBELL, J. DOUGLAS JR. 78 SEAGATE DRIVE NAPLES FL 34101					
10. If changed, now Registered Agent/Office					
Name mailing Box 413005 #310 Naples FL 34101					
Street Address (P.O. Box Number Is Not Acceptable)					
Suite, Apt. #, etc.					
City FL					
Zip Code 34103					
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) <i>J. Douglas Campbell</i> 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) CAMPBELL, J. DOUGLAS JR.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 78 SEAGATE DRIVE		11b. City, State & Zip Code NAPLES FL 34101 34103	
11c. Registration/Document Number 500002371195--0 -12/12/87--01106--003 ****541.25 ****541.25					
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby 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>J. Douglas Campbell</i> DATE 12/4/97					
Typed or Printed Name of General Partner Signing Form J. D Campbell Daytime Telephone Number 941 403 7919					

CR2E003 (6/97)