## 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. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** Ä9700000<u>2310</u>

empowered to execute this report as required by chapter 620. Florida Statistins

SIGNATURE \_

FILED SECRETARY OF STATE DIVISION OF COOPERATIONS

97 DEC 26 PM 12: 14

1ailing Address	Principal Office Address		3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record.
106 SE 17th AvenUE	(same)		10/23/97	\$ 100.00
CAPE CORAL, FL. 3399	30		3a. Date of Jast Report ORIG TILLO 10/23/7	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Addres	s	4. State or Country of Formation	Contributions in FLORIDA to date.
Same Suite, Apt. #, etc.	Suite, Apt. #, etc.	<del></del>	FLOR OA	
			65-079089	Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	\$8,75 Add tional
2ip Country	Zip Country		Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee information	
9, Name and Address of Cui	rrent Registered Agent		10. If changed, new Registers	ed Agent/Office
Williamson Family MANA	OCNERT Core	Name		100 Janes Ja
Windsor Family Mana 106 SE 17th Avenua	deman colb.	Street Address (P	O Box Number is Not Acceptable)	3/9801031006
CADE COIAL, FL 33990		Suite, Apt. #, etc. ****155, 25 ****155, 25		
CADE COCAL, the 3377	V	4		
		City		FL Zip Code
10a. Pursuant to the provisions of sections 620 105 for the purpose of changing its registered offic agent. I am familiar with, and accept the obligations of the control o	1 and 620 192, Florida Statutes, the above-ne or registered agent, or both, in the State o ations of section 620 192, Florida Statutes	named limited partnership		FL he State of Fiorida, submits this statement eby accept the appointment of registered
10a. Pursuant to the provisions of sections 620 105 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the control o	1 and 620 192, Florida Statutes, the above-ne or registered agent, or both, in the State o ations of section 620 192, Florida Statutes	named limited partnership of Florida. Such change wi	os authorized by its general partner(s). I her  DATE  RTNERSHIP OR OTHE	he State of Florida, submits this statement eby accept the appointment of registered
10a. Pursuant to the provisions of sections 620-105 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the control o	1 and 620 192, Florida Statutes, the above-n e or registered agent, or both, in the State o ations of section 620 192, Florida Statutes	named limited partnership of Florida. Such change with I, LIMITED PA AND ACTIVE V	DATE RTNERSHIP OR OTHE WITH THIS OFFICE.	he State of Florida, submits this statement eby accept the appointment of registered
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10a. Pursuant to the provisions of sections 620 105 for the purpose of changing its registered office agent 1 am familiar with, and accept the obligated Agent Accepting Appointment A GENERAL PARTNER THAM MU  11. Name(s) of General Partner(s)	1 and 620 192. Florida Statutes, the above-ne or registered agent, or both, in the State of attors of section 620 192. Florida Statutes  AT IS A CORPORATION IST BE REGISTERED A Address of Each Ge (Do NOT Use Post Offic	I, LIMITED PA AND ACTIVE Interview Box Numbers) 11	DATE RTNERSHIP OR OTHE WITH THIS OFFICE.	he State of Fiorida, submits this statement reby accept the appointment of registered responsible accept the appointment of registered responsible accept the appointment of registered reby accept the appointment of respect to the appointmen
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this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

JOHN GIRACO, RS VICE PRESIDENT