

**FILE ON OR BEFORE DECEMBER 31, 1996, OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**98 JAN -8 AM 11:22**

*Atty*

<b>1. Name of Limited Partnership</b>	<b>1a. DOCUMENT #</b> A97000002529
NEWPORT PARTNERS XXXV, LTD.	

<b>Mailing Address</b> 300 International Parkway Suite 270 Heathrow, Florida 32746	<b>Principal Office Address</b> 300 International Parkway Suite 270 Heathrow, Florida 32746	<b>3. Date Formed or Registered</b> 11/21/97	<b>5a. Capital Contributions as Shown on record</b> \$705,000.00
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>	<b>3a. Date of Last Report</b> N/A	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>4. State or Country of Formation</b> Seminole	
City & State	City & State	<b>6. FEI Number</b> <i>Applied for</i>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>			

<b>9. Name and Address of Current Registered Agent</b> CAHALL, PETER S. 300 International Parkway Suite 270 Heathrow, Florida 32746	<b>10. If changed, new Registered Agent/Office</b> 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 620.1051 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.**

<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/ Document Number</b>
Newport Partners XXXV, Inc.	300 International Parkway, Suite 270	Heathrow, FL 32746	P97000099306

100002408691--9  
-01/22/98--01061--016  
\*\*\*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 exempt or 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

*[Signature]*

DATE

12/10/97

CR2E003 (6/96)