FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

	200 C 20 C 20 C			អ 3: AL
1. Name of Limited Partnership	1a. DOCUMENT # A9700002929		35 JHR 3 T	11 0. 04
FICHERA FAMILY LIMITED	PARTNERSHIP			
Mailing Address	Principal Office Address		3, Date Formed or Registered	5a. Capital Contributions as Shown on record
567 SEAVIEW COURT. E-4 MARCO ISLAND FL 34145	567 SEAVIEW COURT. E-4 MARCO ISLAND FL 34145		12/31/1997 3a. Date of Last Report 01/27/1998	\$400,000.00 5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address Suite, Apt. #, etc	2a. Principal Office Address Suite, Apt #, etc		4. State or Country of Formation	\$400,000
City & State	City & State		6. FEI Number 59-346 AP PHED FOR	9430 Li Applied For Li Not Applicable
Zip Country	Ζ .μ	Zip Country		\$8.75 Additional For Required State (Storm case side for fee information)
for the purpose of changing its registered office or registered agent, or both, in the Statu- agent. I am familiar with, and accept the obligations of section 620-192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATIO		10. If changed, new Registered Agent/Office Name Street Address (PO Box Number is Not Acceptable) Suite, Apt #, etc City FL Zip Code ramed limited partnership organized or registered under the laws of the State of Florida, submits this statement (Florida: Such change was authorized by its general partner(s). Thereby accept the appointment of registered. DATE: N, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY AND ACTIVE WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. Address of Each Ger (Do NOT Use Post Office		b. City. State 8 Zip Code	11c. Registration Document Number
FICHERA PROPERTIES, INC.	567 SEAVIEW COURT, E-		MARCO ISLAND FL 34145	P97000038981
				(*** - 10 (*** *** *** *** *** *** *** *** *** *
Note: General partners MAY N	NOT be changed on this fo	ırm: an amend	lment must be filed to ch	ange a general partner
		,		ingo a gonerai partifer.

12. Ido 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, Trelease the Division of Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is decreased 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 each I further certify that I am a General Partner of the limited partnership, receiver or trustees empowered to execute this report as required by charler 620. Florida Statutes

Typed or Printed Name of General Partner Signing Form

DATE 12-28 48

Daytime Telephone Number