

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 29 PM 4: 06

1. Name of Limited Partnership

1a. DOCUMENT #
A98000000162

MARICOPA ECLIPSE PARTNERS, LTD.



Mailing Address

10621 AIRPORT PULLING ROAD NORTH, SUITE 3
NAPLES FL 34109

Principal Office Address

10621 AIRPORT PULLING ROAD NORTH, SUITE 3
NAPLES FL 34109

3. Date Formed or Registered

01/15/1998

5a. Capital Contributions as Shown on record.

\$500.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date:

\$500.00

4. State or Country of Formation

FL

2. Mailing Address

5150 TAMiami TRAIL N.

2a. Principal Office Address

5150 TAMiami TRAIL N.

Suite, Apt. #, etc.

Suite 700

Suite, Apt. #, etc.

Suite 700

City & State

NAPLES FL

City & State

NAPLES FL

6. FEI Number

59-3497638

Applied For
 Not Applicable

Zip

34103

Country

USA

Zip

34103

Country

USA

7. Certificate of Status Desired

\$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

MOBLEY, DAVID M SR.

10621 AIRPORT PULLING ROAD NORTH, SUITE 3
NAPLES FL 34109

10. If changed, new Registered Agent/Office

141.25

Name

LEO SALVATORI

% Charles + Brady

Street Address (P.O. Box Number is Not Acceptable)

4501 TAMiami TRAIL N.

Suite, Apt. #, etc.

300

City

NAPLES

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 620.182, 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.

11. Name(s) of General Partner(s)

MARICOPA ECLIPSE CORPORATION
Eclipse

11a. Address of Each General Partner (DO NOT Use Post Office Box Numbers)

10621 AIRPORT PULLING
5150 TAMiami TRAIL N.
Suite 700

11b. City, State & Zip Code

NAPLES FL 34109
34103

11c. Registration/ Document Number

P9800004502

700002732877-5
-01/07/98-01025-005
****141.25 ****141.25

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

Gwen L. Mobley

DATE

12/22/98

Typed or Printed Name of General Partner Signing Form

Gwen L. Mobley

Daytime Telephone Number

(941) 594-0077

CR2E003 (8/98)