

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. Martham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 11 PM 12:29

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12/15

1. Name of Limited Partnership

1a. DOCUMENT #
A98000000496

THE CH 1 LIMITED PARTNERSHIP

Mailing Address 2500 ASPEN CREEK LANE, #102 NAPLES FL 34119	Principal Office Address 2500 ASPEN CREEK LANE, #102 NAPLES FL 34119	3. Date Formed or Registered 02/24/1998	5a. Capital Contributions as Shown on record. \$148,000.00
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report No file	5b. Amount of Capital Contributions in FLORIDA to date:
City & State NAPLES FL	City & State	4. State or Country of Formation FL	6. FEI Number 59-3491909
Zip Country	Zip Country	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

ANDERSON, CORINNE W
2500 ASPEN CREEK LANE, #102
NAPLES FL 34119

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

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.**

11. Name(s) of General Partner(s) ANDERSON, CORINNE W	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2500 ASPEN CREEK LANE	11b. City, State & Zip Code NAPLES FL 34119	11c. Registration/ Document Number 000002715840--1 -12/18/98-01050-024 ***526.25 ***526.25
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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)(c), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(c) 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

Corinne W. Anderson

DATE

12/10/98

Typed or Printed Name of General Partner Signing Form *CORINNE W. ANDERSON*

Daytime Telephone Number *941-566-1964*

CR2E003 (8/98)