


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 31 PM 1:38

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # A98000002386	
SECTION 20 LAND GROUP, LTD.			
Mailing Address 4099 TAMMAMM, TRAIL RD. NAPLES, FL 34103		Principal Office Address 4099 TAMMAMM, TRAIL RD. NAPLES FL 34103	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered 10/14/1998		5a. Capital Contributions as Shown on record. \$ 1,000.00	
3a. Date of Last Report -		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 59-3537980	
5. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		7. \$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		10. If changed, new Registered Agent/Office	
SCHECHTER, JOEL H. C/O CUMMINGS & LOCKWOOD 3001 TAMMAMM TRAIL NORTH NAPLES FL 34103		Name CLASP INC. Street Address (P.O. Box Number is Not Acceptable) 40 CUMMINGS & LOCKWOOD Suite, Apt. #, etc. 3001 TAMMAMM, TRAIL NORTH, 4TH FLOOR 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 620.192, 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
TWINEAGLES MANAGEMENT LTD	4099 TAMMAMM TR. RD	NAPLES FL 34103	A97000001029
			000002730440--1 -01/05/99--01042--024 ****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

John O'Donnell

John O'Donnell, VP

DATE

12/28/98

Typed or Printed Name of General Partner Signing Form

TWINEAGLES DEVELOPMENT INC

Daytime Telephone Number

(941) 262-3034

CR2E003 (8/98)