

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

99 JAN -4 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership Fabela Family Limited Partnership		1a. DOCUMENT # A9800000 2516	
2. Mailing Address 850 Park Shore Drive Suite, Apt. #, etc. Suite 300 City & State Naples, Florida Zip Country 34103 USA		2a. Principal Office Address 2232 Trade Center Way Suite, Apt. #, etc. City & State Naples, Florida Zip Country 34109 USA	
3. Date Formed or Registered 11/09/98		5a. Capital Contributions as Shown on record. 1,250,000.00	
3a. Date of Last Report None		5b. Amount of Capital Contributions in FLORIDA to date: 1,250,000.00	
4. State or Country of Formation Florida		6. FEI Number 59-3540200 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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 Augie K. Fabela 2232 Trade Center Way Naples, Florida 34109	10. If changed, new Registered Agent/Office 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.

11. Name(s) of General Partner(s) Augie K. Fabela	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2232 Trade Center Way	11b. City, State & Zip Code Naples, FL 34109	11c. Registration/Document Number A 9800000 2516
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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)(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

Augie K. Fabela

DATE

12/30/98
941-514-4465

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)