## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership 1a DOCUMENT # B9500000195

this annual report is true and accurate and that my signature shall have

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SECREMARY OF STATE TALLAHASSEE, FLORIDA



LONGSHORE LAKE HOMES, LIMITED PARTNERSHIP				E NORKINI YAND HOTAY WININ WONIN ONLIN ONLIN ONLIN ONLIN HOND HININ HOTAY DINI HOND			
,					O.	#1/9	
Mailing Address  5551 RIDGEWOOD DRIVE. SUITE 301	Principal Office Address 5551 RIDGEWOOD DRIVE, SUITE 301 NAPLES FL 33963			3. Date Formed or Registered 05/31/1995	Show	al Contributions as n on record.	
NAPLES FL 33963				3a. Date of Last Report     12/18/1995      4. State or Country of Formation	{ Conti	int of Capital ibutions in FLORIDA	
2. Mailing Address 4500 Executive Drive	2a. Principal Office Address 4500 Executiv	2a. Principal Office Address 4500 Executive Drive			to date:		
Suite, Apt. #, etc. 110 City & State	Suite, Apt. #, etc.	Suite, Apt. #, etc. 110 City & State Naples, FL		6. FEI Number 65-0584900		Applied For Not Applicable	
Naples, FL	Naples, FL			7. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip Country 34119	Zip 34119	Country		8. Make check payable to: Dept. o	of State (See reverse side for fee information		
9. Name and Address of Curren	t Registered Agent	<u> </u>	<del></del>	10. If changed, new Registere	d Agent/Office		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		Name					
		Street Address (P.O. Box Number 4 Tot Mcc 1 table) 12-11-15-15-15-15-15-15-15-15-15-15-15-15-					
		Suite, Apt. #, etc. ****\$76, 25 ****576, 25					
		City			FL	Zip Code	
10a. Pursuant to the provisions of sections 620, 1051 ar for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment).	r registered agont, or both, in the State of I ns of section 620.192, Florida Statutes.	Florida Such cha	nge was aut	horized by its general partner(s). I her	eby accept the	ida, submits this statemen e appointment of registered	
A GENERAL PARTNER THAT		LIMITED	PART	NERSHIP OR OTHE		NESS ENTITY	
11. Name(s) of General Partner(s)	Address of Each Gen 11a. (Do NOT Use Post Office		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
NAPLES CAPITAL CORPORATION	NO COOPWIND COORSESSES	XXXIII ADGIEWGODORWIK		NAPLES FL 38568 ×		F9200000797	
	4500 Executiv	4500 Executive Drive		34119			
	Suite 110	Suite 110					
•							
•							
Note: General partners MAY NO	The changed on this fo	rm: an am	andma	nt must be filed to ch	2000 0 0	eneral nertner	

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SIGNATURE (WWW. A. CAMPONIN LEPPREY A. PIPPONEN 13 NOV96

Typed or Printed Name of General Partner Signing Form. Naples Capital Corp, Secretary Anno Telephone Number 941 5940600

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

12. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I release the Division of