

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 DEC 11 AM 11:00

1. Name of Limited Partnership

1a. DOCUMENT #  
**B96000000009**



**FP BROGAN - SANIBEL ISLAND LIMITED PARTNERSHIP**

Mailing Address

2665 WILDERNESS PLACE  
BOULDER CO 80301

Principal Office Address

2665 WILDERNESS PLACE  
BOULDER CO 80301

3. Date Formed or Registered

12/29/1995

5a. Capital Contributions as Shown on record.

\$4,000.00

3a. Date of Last Report

12/06/1996

5b. Amount of Capital Contributions in FL OFBDA to date:

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. State or Country of Formation

CO

6. FEI Number

65-0622574

Applied For  
 Not Applicable

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

**BROGAN, SCOTT**  
4606 TRAILS DRIVE  
SARASOTA FL 34232

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number, if any)

Suite, Apt. #, etc.

City

400002373814--5

12/16/97--01094--032

\*\*\*\*156.25 \*\*\*\*156.25

FL

Zip Code

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)

BROGAN, SCOTT

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

4606 TRAILS DR

11b. City, State & Zip Code

SARASOTA FL 34232

11c. Registration/Document Number

**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

*Scott J. Brogan*

DATE

12/8/97

Typed or Printed Name of General Partner Signing Form

SCOTT J. BROGAN

Daytime Telephone Number

941-377-8245

CR2E003 (6/97)