


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

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|--|--|---|--|---|--|
| LIMITED PARTNERSHIP ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | FILED 99 FEB 11 AM 11:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| 1. Name of Limited Partnership ESI CHEROKEE COUNTY, L.P. | | 1a. DOCUMENT # B97000000013 | | | |
| Mailing Address 700 UNIVERSE BLVD., STE D-3000 JUNO BEACH FL 33408 | | Principal Office Address | | 3. Date Formed or Registered 1/7/97 | |
| 2. Mailing Address SAME AS #1 | | 2a. Principal Office Address | | 5a. Capital Contributions as Shown on record \$99.00 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 3a. Date of Last Report 12/97 | |
| City & State | | City & State | | 4. State or Country of Formation Delaware | |
| Zip Country | | Zip Country | | 5b. Amount of Capital Contributions in FLORIDA to date -0- | |
| | | | | 6. FEI Number 58-2279401 | |
| | | | | <input type="checkbox"/> Applied For <input checked="" 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 J. E. LEON 9250 WEST FLAGLER STREET MIAMI FL 33174 | | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. 100002770231-6 -02/17/99--01061--015 City ***141.25 ***141.25 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) | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | 11b. City State & Zip Code | 11c. Registration/ Document Number |
|-----------------------------------|---|----------------------------|------------------------------------|
| ESI CHEROKEE GP, INC. | 700 UNIVERSE BLVD. | JUNO BEACH, FL 33408 | P95000021538 |

46
2-16-99

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 *Frances M. Carpenter* DATE 1/20/99
 Frances M. Carpenter, Secretary (561) 691-7171
 Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (8/98)