

**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

FILED

96 NOV -7 PH 3: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A21098

PLAYERS CLUB AT FORT MYERS, LTD., A CALIFORNIA LIMITED PARTNERSHIP

97-AP, CM

Mailing Address

% THE RELATED COMPANIES OF FL
2828 CORAL WAY, PENTHOUSE
MIAMI FL 33145

Principal Office Address

% THE RELATED COMPANIES OF FL
2828 CORAL WAY, PENTHOUSE
MIAMI FL 33145

3. Date Formed or Registered

10/30/1985

5a. Capital Contributions as
Shown on record

\$1,020,483.00

3a. Date of Last Report

12/27/1995

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

CA

2. Mailing Address

8211 W. Broward Blvd.
Suite, Apt. #, etc.

#350
City & State

Plantation, Fl. 33324
Zip Country

33324

2a. Principal Office Address

8211 W. Broward Blvd.
Suite, Apt. #, etc.

#350
City & State

Plantation, FL
Zip Country

33324

6. FEI Number

33-0125793

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 information)

9. Name and Address of Current Registered Agent

LYONS, BEN H
% RELATED SERVICES CORP
2828 CORAL WAY PH
MIAMI FL 33145

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

8211 W. Broward Blvd.

Suite, Apt. #, etc.
#350

City

Plantation

FL

Zip Code

33324

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)

C/R FLORIDA ASSOCIATES L.P.,

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

625 MADISON AVENUE

11b. City, State & Zip Code

NEW YORK NY

11c. Registration/
Document Number

A24906

500002006265--4
-11/15/86--01091--004
****576.25 ****576.25

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

DATE

Typed or Printed Name of General Partner Signing Form: **Michael J. Fried**

Daytime Telephone Number: **(212) 421-5333**

CR2E003 (6/96)