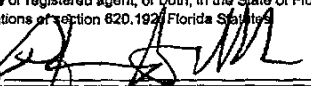
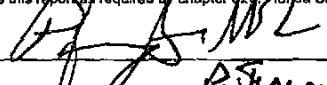


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

| LIMITED PARTNERSHIP<br>ANNUAL REPORT<br>1999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |  | FILED<br>SECRETARY OF STATE<br>DIVISION OF CORPORATIONS<br>98 DEC 11 AM 9:05<br>mtu<br>12/11                                                                                                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Name of Limited Partnership<br><br>MARSH LANDING BATH CLUB, LTD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 1a. DOCUMENT #<br>A26820                                                                                                                                                                |  |                                                                                                                                                                                                                                                 |  |
| Mailing Address<br>9540 SAN JOSE BLVD.<br>JACKSONVILLE FL 32257                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Principal Office Address<br>9540 SAN JOSE BLVD.<br>JACKSONVILLE FL 32257                                                                                                                |  | 3. Date Formed or Registered<br>07/29/1988<br>5a. Capital Contributions as Shown on record.<br>\$1,864,100.00                                                                                                                                                                                                                      |  |
| 2. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 2a. Principal Office Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                                                                                                      |  | 3a. Date of Last Report<br>02/06/1998<br>4. State or Country of Formation<br>FL<br>5b. Amount of Capital Contributions in FLORIDA to date:<br>5. Certificate of Status Desired<br>\$8.75 Additional Fee Required<br>6. FEI Number<br>59-2926073<br>7. Make check payable to: Dept. of State (See reverse side for fee information) |  |
| 9. Name and Address of Current Registered Agent<br>SMITH, P. JEREMY JR.<br>9540 SAN JOSE BLVD.<br>JACKSONVILLE FL 32257                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 10. If changed, new Registered Agent/Office<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, etc.<br>City<br>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.<br>SIGNATURE (Registered Agent Accepting Appointment)  DATE 9/21/98                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                    |  |
| A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY<br>MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                    |  |
| 11. Name(s) of General Partner(s)<br>PONTE VEDRA LODGE, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)<br>9540 SAN JOSE BLVD.                                                                                        |  | 11b. City, State & Zip Code<br>JACKSONVILLE FL 32257                                                                                                                                                                                                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                         |  | 11c. Registration/Document Number<br>P93000071317<br>800002713738--1<br>-12/15/98--01104--002<br>***526.25 ***526.25                                                                                                                                                                                                               |  |
| 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.<br>SIGNATURE  DATE 9/21/98<br>Typed or Printed Name of General Partner Signing Form P. Jeremy Smith Jr. Daytime Telephone Number 904 232-7220 |  |                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                    |  |

CR2E003 (8/98)