
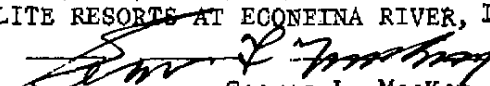


04/01/98 WED 12:47 FAX 1 407 423 4485 LOWNDES DROSDICK
 FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
 TO REVOCATION AND \$500 PENALTY FEE

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LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Bandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR 22 PM 3:14	
1. Name of Limited Partnership ELITE RESORTS AT ECONFINA RIVER, LTD.		1a. DOCUMENT # A97000002014 <i>A98 0000 2013</i>			
2. Mailing Address Route 1, Box 255 Lamont, FL 32336		2a. Principal Office Address Route 1, Box 255 Lamont, FL 32336		3. Date Formed or Registered 9/17/97	
				5a. Capital Contributions as Shown on record. \$7,500.00	
				5b. Amount of Capital Contributions in FLORIDA to date:	
				4. State or Country of Formation Florida	
				6. FFI Number 59-3482312	
				<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 revenue aids for fee information)	
9. Name and Address of Current Registered Agent Bradford D. West, Esquire 215 North Eola Drive Orlando, Florida 32801			10. If changed, new Registered Agent/Office Name: Street Address (P.O. Box Number is Not Acceptable): 400002502684--6 Suite, Apt. #, etc.: -04/28/98--01053--017 City: *****88.75 *****88.75 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.			400002502684--6 -04/28/98--01053--018 *****52.50 *****52.50		
SIGNATURE (Registered Agent Accepting Appointment) 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) Elite Resorts at Econfina River, Inc.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 25250 East Highway 316		11b. City, State & Zip Code Salt Springs, FL 32134	
				11c. Registration/Document Number: P97000080350	
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)(c), 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.					
ELITE RESORTS AT ECONFINA RIVER, INC., General Partner					
SIGNATURE 		George L. MacKay, Secretary/Treasurer		DATE 3/31/98	
Typed or Printed Name of General Partner Signing Form		Telephone Number: 352/685-1900			

*No letter attached
 we
 4/8
 4-25*

CR2E003 (6/97)