

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED *W 1/14/99*
98 DEC 30 PM 3:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
B92000000056

HIDDEN HILLS GOLF LIMITED PARTNERSHIP



Mailing Address C/O NATIONAL FAIRWAYS. INC. 1062 CHURCH HILL RD. FAIRFIELD CT 06432 US		Principal Office Address C/O NATIONAL FAIRWAYS. INC. 1062 CHURCH HILL RD. FAIRFIELD CT 06432 US		3. Date Formed or Registered 12/17/1992	5a. Capital Contributions as Shown on record. \$990,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/29/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation DE	5b. Amount of Capital Contributions in FLORIDA to date.
City & State		City & State		6. FEI Number 06-1356393	
Zip		Zip		7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)
Country		Country		8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, etc.	
City		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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
NATIONAL FAIRWAYS, INC.	1062 CHURCH HILL RD.	FAIRFIELD CT 06432	F92000000747
400002749714--4 -01/21/99--01070--007 ****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.

SIGNATURE Andy George me DATE 12/28/98
 Typed or Printed Name of General Partner Signing Form Andy George Daytime Telephone Number 203-371-1200

CR2E003 (8/98)