FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT
1997

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

1. Name of Limited Partnership

1a. DOCUMENT # **B95000000202**

PORT ROYAL RESORT, L.P., LIMITED PARTNERSHIP

97-AR
CM

Mailing Address
~~C/O SCHREEDER, WHEELER & FLINT~~
~~127 PEACHTREE STREET, NE~~
~~ATLANTA GA 00000~~

Principal Office Address
~~C/O SCHREEDER, WHEELER & FLINT~~
~~127 PEACHTREE STREET, NE~~
ATLANTA GA 30303

3. Date Formed or Registered
06/02/1995

3a. Date of Last Report
01/03/1996

4. State or Country of Formation
SC

5a. Capital Contributions as Shown on record.
$0.00

5b. Amount of Capital Contributions in FLORIDA to date:
-0-

2. Mailing Address
12016 Turtle Cay Circle
Suite, Apt. #, etc.
Legal Administration
City & State
ORlando, Florida
Zip 32836 Country USA

2a. Principal Office Address
8 Wimbledon Court
Suite, Apt. #, etc.
City & State
Hilton Head, SC
Zip 29925 Country USA

6. FEI Number
57-0982109
☐ 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 fee information)

9. Name and Address of Current Registered Agent

GENEVIEVE, GIANNONI
12016 TURTLE CAY CIR
LEGAL ADMINISTRATION DEPT
ORLANDO FL 32836

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
ARGOSY/KGI PORT ROYAL PARTNE	26-F PALMETTO BAY ROA	HILTON HEAD ISLAND SC	G95153900053

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 By: Argosy/KGI Port Royal Partner, general partner KGI Port Royal, Inc., Managing partner DATE 9/17/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number (407) 238-2232

CR2E003 (6/96)