WILL BE SUBJECT TO REVOC	ER 31, 1996 OR PARTNER ATION AND <u>\$500 PENALT</u>	Y FEE			
LIMITED PARTNERSHIP ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS		D IV	DIVISION OF CORPORATIONS 96 DEC 27 AM 8: 19	
1. Name of Limited Partnership National Fairways Partners I L.P.	1a. DOCUME B96000000349				
Mailing Address Principal Office Address 1062 Church H111 Road Fairfield, CT 06432		3, Date Formed or Registered 8/28/96 9 6 6 38. Date of Last Report NA	5a. Capital Contributions as Shown on record. \$2,500,000.00		
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation Connecticut	\$2,500,000,00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number	Applied For	
City & State	City & State		06-1462960	Not Applicable	
Žip Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
			O, make check payable to bept of		
9, Name and Address of Current Re	gistered Agent	Name	10. If changed, new Registered	Agent/Office	
CT Corp Systems 1200 South Pine Island Road Plantation, FL 33324		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.			
10a. Pursuant to the provisions of sections 620 1051 and 63 for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)	istered agent, or both, in the Stale of Flori				
A GENERAL PARTNER THAT IS	A CORPORATION, L BE REGISTERED AND	MITED PA	ARTNERSHIP OR OTHER	BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box			11c. Registration/ Document Number	
National Fairways, Inc.	1062 Church H111		Fairfield, CT 06432	B96000000349	
			800002 -12/30	F920000747 E 0409183 19601032011	
			****5	85.00 ****585.00	

12. 136 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

SIGNATURE.

Typed or Printed Name of General Partner Signing Form

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 I am a General Partner of the limited partnership, receiver or trustee empowered to execute this 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.

Daytime Telephone Number 203-371-1200