

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

\$576.25
\$500.00

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 FEB 13 PM 2:18



LIMITED PARTNERSHIP ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership		1a. DOCUMENT # A31890	

PERDIDO BAY GOLF CLUB LIMITED PARTNERSHIP

Mailing Address POST OFFICE BOX 2324 GREENVILLE SC 29602		Principal Office Address P.O. BOX 2324 GREENVILLE SC 29602		3. Date Formed or Registered 08/20/1991	5a. Capital Contributions as Shown on record. \$878,330.00
				3a. Date of Last Report 04/22/1996	5b. Amount of Capital Contributions in FLORIDA to date: 878,330
				4. State or Country of Formation SC	
2. Mailing Address		2a. Principal Office Address		6. FE# Number 57-0939063	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ Applied For ☐ Not Applicable	
City & State		City & State		7. Certificate of Status Desired	
Zip Country		Zip Country		☐ \$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 MCDONALD, CHRIS ONE DOUG FORD DRIVE PENSACOLA FL 32507		10. If changed, new Registered Agent/Office	
		Name <i>Phillip Wiggins</i>	
		Street Address (P.O. Box Number Is Not Acceptable) <i>One Doug Ford Drive</i>	
		Suite, Apt. # <i>10</i>	
		City <i>PENSACOLA</i>	Zip Code <i>FL 32507</i>

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) *Phillip Wiggins* DATE *1/31/97*

**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) TUCK, N. BARTON JR. GOLFSOUTH MANAGEMENT INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 880 S. PLEASANTBURG D 880 S. PLEASANTBURG D	11b. City, State & Zip Code GREENVILLE SC 29602 GREENVILLE SC 29602	11c. Registration/Document Number P34067
800002096898--0 -02/25/97--01101--001 ***1078.25 ***1076.25 <i>AR-576.25</i> <i>overpayment 500.00</i> KWM			

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 *Dean Poolittle* DATE *1/31/97*
 Typed or Printed Name of General Partner Signing Form *DEAN POOLITTLE* Daytime Telephone Number *864 251 4656*

CR2E003 (6/96)