


**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
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FILED
98 DEC 29 PM 4: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership NATIONAL FAIRWAYS, LTD.	1a. DOCUMENT # A33020
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Mailing Address 5710 DRAW LANE SARASOTA FL 34238	Principal Office Address 5710 DRAW LANE SARASOTA FL 34238	3. Date Formed or Registered 06/02/1992	5a. Capital Contributions as Shown on record. \$2,930,000.00
2. Mailing Address P.O. Box 930 Suite, Apt. #, etc.	2a. Principal Office Address P.O. Box 930 Suite, Apt. #, etc.	3a. Date of Last Report 04/13/1998	5b. Amount of Capital Contributions in FLORIDA to date:
City & State Sanibel, FL	City & State Sanibel, FL	4. State or Country of Formation DE	6. FEI Number 65-0313584
Zip 33957	Zip 33957	7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

BERG, WILLIAM
5710 DRAW LANE
SARASOTA FL 34238

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
FAIRWAYS GENERAL PARTNER, IN	7280 LEEWYNN DRIVE 2665 W. Gulf Dr. #2	SARASOTA FL 34240 Sanibel, FL 33957	P39113

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-01/15/98-01127-0139
***528.25 ***528.25
T.J.C.
JAN 1 1999

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 *[Signature]* President DATE 12-24-98

Typed or Printed Name of General Partner Signing Form Fairways General Partner Daytime Telephone Number 941-472-3450

CR2E003 (8/98)