

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB 11 PM 3:08

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

1. Name of Limited Partnership	1a. DOCUMENT # A30665
GOLF TERRACE, LTD.	



Mailing Address C/O DARYL B. CRAMER, P.A. 515 NORTH FLAGLER DRIVE, SUITE 910 WEST PALM BEACH FL 33401-4325		Principal Office Address C/O DARYL B. CRAMER, P.A. 515 NORTH FLAGLER DRIVE, SUITE 910 WEST PALM BEACH FL 33401-4325		3. Date Formed or Registered 10/03/1990	5a. Capital Contributions as Shown on record \$500,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/12/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$500,000.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number X 59-0032471 (65-0663136) ☐ Applied For ☐ Not Applicable	
Zip		Country		7. Certificate of Status Desired XX \$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 DARYL B. CRAMER, P.A. 515 NORTH FLAGLER DRIVE, SUITE 910 WEST PALM BEACH FL 33401-4325	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) GOLF TERRACE GENERAL PARTNER	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 515 NORTH FLAGLER DR	11b. City, State & Zip Code WEST PALM BEACH FL 33	11c. Registration/Document Number P95000067184
AR - 437.50 AR SUP - 88.75 2 CUS - 17.50 \$ 543.75 P950002776658--S 02/16/99--01035--002 ***1228.75 ***543.75 BK 2/11/99			

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

WILLIAM P. MYERS, PRESIDENT

DATE X 2/9/99

Typed or Printed Name of General Partner Signing Form

WILLIAM P. MYERS, PRESIDENT

Daytime Telephone Number

905-882-1212

CR2E003 (8/98)