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

SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED PARTNERSHIP Sandra B. Mortham ANNUAL REPORT Secretary of State 1999 98 DEC 14 AM 9: 37 DIVISION OF CORPORATIONS **DOCUMENT #** 1. Name of Limited Partnership A15088 ISLAND HARBOR BEACH CLUB, LTD. 3. Date Formed or Registered 5a. Capital Contributions as Shown on record. Principal Office Address Mailing Address 07/29/1983 7092 PLACIDA ROAD 7092 PLACIDA ROAD \$1,400,500.00 CAPE HAZE FL 33946 3a. Date of Last Report CAPE HAZE FL 33946 5b. Amount of Capital Contributions in FLORIDA to date: 01/05/1998 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address 1,400,500,00 Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For Not Applicable 59-2388258 City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Country Zip Country Zip 8. Make check payable to: Dept. of State (See reverse side for fee information) 10. If changed, new Registered Agent/Office 9. Name and Address of Current Registered Agent BATSEL, C. GUY Street Address (P.O. Box Number is Not Acceptable) 1861 PLACIDA ROAD <del>--018</del> Suite, Apt. #, etc. SUITE 104 \*\*\*\*526.25 \*\*\*\*526.25 ENGLEWOOD FL 33533 Zip Code 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited pertnership 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. 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ 11c. 11. Name(s) of General Partner(s) 11b. City, State & Zin Code Document Number CHARLOTTE HARBOR LAND CO 7092 PLACIDA ROAD CAPE HAZE FL 680541

12. I do hereby certify that the information supplied with this filling 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 aggurate and that my signature shall have the same legal effects as if made under cath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

SIGNATURE Typed or Printed Name of General Partner Signing Form Daytime Telephone Number

empowered to execute this n

t as required by chapter 640, Florida Statutes.

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.