

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 14 PM 12:32



1. Name of Limited Partnership	1a. DOCUMENT # A20666
RESORT HOLDINGS I, LTD.	

Mailing Address % KING & SPALDING ATTN: WALTER DRIVER, JR 191 PEACHTREE STREET ATLANTA GA 30303		Principal Office Address MARRIOTT AT SAWGRASS 1000 TPC BOULEVARD PONTE VEDRA BEACH FL 32082		3. Date Formed or Registered 08/30/1985	5a. Capital Contributions as Shown on record. \$24,750,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 09/08/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation GA		6. FEI Number 58-1641379	
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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) JOWA RESORT INC. FLORIDA	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 191 PEACHTREE ST.	11b. City, State & Zip Code ATLANTA GA 30303	11c. Registration/Document Number P36647
<p>000002722329--7 -12/24/98-01085-006 ****526.25 ****526.25</p> <p><i>[Signature]</i></p> <p><i>12-22</i></p>			

CR2E003 (8/98)

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

Walter Driver, Jr. - Asst Sec.

DATE

12/9/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

404-572-4795