

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

LIMITED PARTNERSHIP ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 20 PM 3:35

1. Name of Limited Partnership	1a. DOCUMENT # A23757
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WINTER SPRINGS PARTNERS, LTD.

Mailing Address 900 W. STATE ROAD 434 WINTER SPRINGS FL 32708		Principal Office Address 900 W. STATE ROAD 434 WINTER SPRINGS FL 32708		3. Date Formed or Registered 12/10/1986	5a. Capital Contributions as Shown on record. \$10.00
				3a. Date of Last Report 12/27/1995	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation MO	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 59-2741490	
City & State		City & State		☐ Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	7. Certificate of Status Desired ☐ \$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 WOOD, DANIEL P. 900 W. STATE ROAD 434 WINTER SPRINGS FL 32708	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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
DEUTSCHMARK GOLF PROPERTY	IES 10920 SCHUET RD.	ST. LOUIS MO	G92364900037
200001956602 -09/25/96-01065-017 ****191.25 ****191.25			

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

Daniel P. Wood

DATE

Sept. 16, 1996

Typed or Printed Name of General Partner Signing Form

Daniel P. Wood

Typed or Printed Telephone Number

407 699 0948

CR2E003 (6/96)