## 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 Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Lin ited Partnership

DOCUMENT # A24363

F# EO SECRETARY OF STATE DIVISION OF CORPORATIONS

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OLF CLUB INVESTMI	ENTS, LTD.		-	
aling Address ONE JOHN'S ISLAND DRIVE VERO BEACH FL 32963	Principal Office Address ONE JOHN'S ISLAND DRIVE VERO BEACH FL 32963	ONE JOHN'S ISLAND DRIVE		5a. Capital Contributions as Shown on record \$8,245,000.00
			02/12/1996  4. State or Country of Formation F12 CIDIO 1	<b>5b.</b> Aniount of Capital Contributions in Ft ORIDA to date
Mailing Address	2a. Principal Office Address	2a. Principal Office Address		9725728 M96-01022001
uite, Apt #, etc	Suite Apt #, etc.	Suite Apt #, etc.		76.25 Mariano
tity & State	City & State	City & State		☐ Not Applicable
ip Country	Zıp	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required of State (See reverse side for fee informating
9. Name and Address of Current Registered Agent		10. If changed new Registered Agent/Office  Name		
STONE, HELEN E. ONE JOHN'S ISLAND DRIVE		Street Address (F.O. Box Number Is Not Acceptable)		
VERO BEACH FL 32963		Suite Apt #, etc		
		Orty		Zip Code
for the purpose of changing its reg agent. I am familiar with, and accep- IGNATURE (Registered Agent Accepting A	ns 620,1051 and 620 192, Florida Statutes, the above ha istered office or registered agent, or both, in the State of plithe obligations of section 620 192, Florida Statutes appointment)  R THAT IS A CORPORATION, MUST BE REGISTERED A	Florida Such change was a	uthorized by its general partner(s) The  DAT  TNERSHIP OR OTH	retry accept the appointment of registere
Name(s) of General Partner(s)	Addition of the Con-	11a. (Do NOT Use Post Office Box Numbers) 11b		11c. Registration/ Document Number
STONE, HELEN E.	ONE JOHN'S ISLAND		ÆRO BEACH FL	
Note: General partners	MAY NOT be changed on this fo	rm; an amendm	ent must be filed to ch	nange a general partner

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 \_ . . . . . . . . . . . .

Typed or Printed Name of General Partner Signing Form Helen E. Stone

Daylime Telephone Number 561-231-0900