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

DOCUMENT #

98 DEC 31 AM 9: 42

1. Name of Limited Partnership	A24363		
GOLF CLUB INVESTMENTS	S, LTD.	* *************************************	
	Od a National Color	3. Date Formed or Registered	150 0 10 10 10
Mailing Address	Principal Office Address	j	5a. Capital Contributions as Shown on record,
3300 PGA BLVD, SUITE 805	3300 PGA BLVD, SUITE 805	03/10/1987 3a, Date of Last Report	\$8,245,000.00
PALM BEACH GARDENS FL 33410	PALM BEACH GARDENS FL 33410	12/24/1997	
		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	FL	
Suite, Apt. #, etc.	Sulte, Apt. #, etc.	6, FEI Number	Applied For
City & State	City & State	59-2755991	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 C	urrent Registered Agent	10. If changed, new Registere	d Agent/Office
	Name Name		
STONE, HELEN E. ONE JOHN'S ISLAND DRIVE	Street Ad	ddress (P.O. Box Number Is Not Acceptable)	
VERO BEACH FL 32963	Suite, Ar	ot. #, etc.	
	City		Zip Code
			State of Florida, submits this statement
A GENERAL PARTNER TH	IAT IS A CORPORATION, LIMITE	D PARTNERSHIP OR OTHE	R BUSINESS ENTITY
M	UST BE REGISTERED AND ACT	IVE 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
STONE, HELEN E.	ONE JOHN'S ISLAND DRI	VERO BEACH FL.	
		900002 -01/20 *****	7486785 79901108018 326.25 ****\$26.25
- F			
Note: General partners MAY N	IOT be changed on this form; an a	mendment must be filed to cha	ange a general partner.

12. Lob 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 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

Daytime Telephone Number