2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE?

Apr 27, 2004 08:00 AM Secretary of State **DOCUMENT # A24363** 1. Entity Name GOLF CLUB INVESTMENTS, LTD. Principal Place of Business Mailing Address 3399 PGA BLVD., SUITE 260 3399 PGA BLVD., SUITE 260 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Ant # etc. 01072004 CR2E003 (10/03) Chg-LP City & State 4. FEI Number Applied For City & State Not Applicable 59-2755991 Country Z Country \$8.75 Additional 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STONE, HELEN E. Street Address (P.O. Box Number is Not Acceptable) 3399 PGA BLVD., SUITE 260 PALM BEACH GARDENS, FL 33410 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of requisitored agent and title if applicable. DATE 9. Capital Contributions 18. Amount of Capital Contributions \$8,245,000.00 in FLORIDA to date. as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS NAME STONE, HELEN E. STREET ADDRESS 3399 PGA BLVD., SUITE 260 COY-SI-7P CETY-ST-ZIP PALM BEACH GARDENS, FL 33410 DOCUMENT # STREET ADDRESS 000000147005 STREET ADDRESS CITY-ST-ZIP 05/03/04-80088-014 526.25 CSTY-ST-ZP DOCUMENT # STREET ADDRESS STREET ADDRESS DTY-57-7/P CITY-57-78 BOCUMENT # STREET ASDRESS HAVE STREET ADDRESS CTTY-ST-ZIP CITY-ST-7/P DOCUMENT# STREET ADDRESS 오픈 NAME STREET ADDRESS CTY-ST-ZP CATA-21-50-DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

GNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED