

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

99 JAN -4 AM 8:55



1. Name of Limited Partnership		1a. DOCUMENT # A26132	
CONGO RIVER GOLF AND EXPLORATION CO. -TAMPA LIMITED PARTNERSHIP			
Mailing Address 3180 RACQUETCLUB DRIVE TRAVERSE CITY MI 49684		Principal Office Address 3180 RACQUETCLUB DRIVE TRAVERSE CITY MI 49684	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		3. Date Formed or Registered 04/13/1988	
		3a. Date of Last Report 01/22/1998	
		4. State or Country of Formation MI	
		5a. Capital Contributions as Shown on record. \$450,000.00	
		5b. Amount of Capital Contributions in FLORIDA to date:	
		6. FEI Number 38-2796297 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		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)	

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
CONGO RIVER GOLF AND EXPLORATION CO. 6312 INTERNATIONAL DRIVE ORLANDO FL 32819		Name Street Address (P.O. Box Number is not acceptable) Suite, Apt. #, etc. City	
		100002751717--9 01/22/99 01005 021 ***526.25 ***526.25 FL Zip Code	

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
CONGO RIVER GOLF DEVELOP VOZZA, GIORGIO HOLLY, DENNIS	3180 RACQUETCLUB DRIV 111 N. ORANGE AVE. 1515 CASS ST.	TRAVERSE CITY MI ORLANDO FL TRAVERSE CITY MI	P18935

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 effect 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

DATE 12/29/98

Typed or Printed Name of General Partner Signing Form

Giorgio Vozza

Daytime Telephone Number (616) 941-9005

CR2E003 (8/98)