

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 24 PM 12:54

1. Name of Limited Partnership
**1a. DOCUMENT #
A27168**



CORAL CAY ADVENTURE GOLF, LTD.

Mailing Address: P. O. BOX 189, 123 EAST FRONT STREET, TRAVERSE CITY MI 49685
Principal Office Address: P. O. BOX 189, 123 EAST FRONT STREET, TRAVERSE CITY MI 49685
2. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country
2a. Principal Office Address: Suite, Apt. #, etc., City & State, Zip, Country

3. Date Formed or Registered: **10/05/1988**
3a. Date of Last Report: **12/28/1995**
4. State or Country of Formation: **FL**
6. FEI Number: **65-0072411**
7. Certificate of Status Desired: \$8.75 Additional Fee Required
8. Make checks payable to Dept. of State (See reverse side for information)

9. Name and Address of Current Registered Agent
**CORPORATION INFORMATION SERVICES, INC.
502 EAST PARK AVENUE
TALLAHASSEE FL 32301**

10. If changed, new Registered Agent/Office
Name: _____
Street Address (P.O. Box Number Is Not Acceptable): _____
Suite, Apt. #, etc.: _____
City: _____ State: **FL** Zip Code: _____

10a. Pursuant to the provisions of sections 229.30(4) and 229.30(5), 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). Thereby accept the appointment of registered agent. Form FD-100 is the only document required by section 670.102, 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. Registered Document Number
F.C. MANAGEMENT CORP.	123 EAST FRONT STREET	TRAVERSE CITY MI	J83929

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 voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. In case the Division of Corporations determines liability of this compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this form and reports true and accurate and that my signature will have the same legal effects, as if made under oath. I further certify that I am a General Partner of the limited partnership, or even if trustee empowered to execute this report, as required by Chapter 670, Florida Statutes.

SIGNATURE: *David N. Gray* DATE: _____
Type of Partner (Name of Corporation, Limited Partnership, etc.) **David N. Gray, President G.P.** Daytime Telephone Number: **(616) 929-4466**

CP2ECC3 (6/96)