


**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership CORAL CAY ADVENTURE GOLF, LTD.		1a. DOCUMENT # A27168	
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		5a. Capital Contributions as Shown on record. \$700,000.00	
3a. Date of Last Report 12/24/1996		5b. Amount of Capital Contributions in FLORIDA to date	
4. State or Country of Formation FL		6. FEI Number 65-0072411	
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		8. Make check payable to: Dept. of State (See reverse side for fee information)	

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 29 AM 10:41**



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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 FL Zip Code
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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) F.C. MANAGEMENT CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 123 EAST FRONT STREET	11b. City, State & Zip Code TRAVERSE CITY MI	11c. Registration/Document Number J83929
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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 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

DATE

12/24/97

Typed or Printed Name of General Partner Signing Form

David L. Gray, President G.P. Daytime Telephone Number (616) 929-4466

C925003 (6/97)