

**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

5 JAN -5 PM 4:30

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

3. Date Formed or Registered

10/05/1988

5a. Capital Contributions as Shown on record

\$700,000.00

3a. Date of Last Report

12/29/1997

5b. Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation

FL

6. FEI Number

65-0072411

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Annual Fee Required

8. Make Check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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
CORAL CAY ADVENTURE GOLF, LTD.
Street Address (PO Box Number Is Not Acceptable)
2205 E. TAMiami TRAIL
Suite, Apt. #, etc.
City
NAPLES FL Zip Code **34112**

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

12/29/98

**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

800010027564581-4
-01/27/98-01063-017
****526.25 ****526.25

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

12/29/98

Typed or Printed Name of General Partner Signing Form

Joseph G. Kostrzewa

Daytime Telephone Number

(616) 929-4466

CR2E003 (8/98)