

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0019985 MB

DOCUMENT # A27168

1. Entity Name
CORAL CAY ADVENTURE GOLF, LTD.



FILED
03 APR 29 PM 6:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2205 E. TAMiami TRAIL
NAPLES FL 34112**

Mailing Address
**P.O. BOX 189
TRAVERSE CITY MI 49685**



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
4. FEI Number 65-0072411				Applied For	
				Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
KOSTRZEWA, JOSEPH G 2205 E. TAMiami TRAIL NAPLES FL 34112			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$700,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	J83929	STREET ADDRESS	
NAME	F.C. MANAGEMENT CORP.	CITY-ST-ZIP	
STREET ADDRESS	123 EAST FRONT STREET		
CITY-ST-ZIP	TRAVERSE CITY MI		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	04/29/03--01082--006 **526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	900017323479
STREET ADDRESS			
CITY-ST-ZIP			04/29/03--01082--005 **526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE: *[Signature]* **JOSEPH G. KOSTRZEWA, CHAIRMAN, F.C.MGT. CORP. GEN. PTR** **4/22/03 (231) 929-4464**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE