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

A29569

FILED
99 MAR -5 PM 4:42
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. Name of Limited Partnership	1a. DOCUMENT #
VENICE GOLF AND COUNTRY CLUB, LTD.	A29569

Mailing Address	Principal Office Address
109 OVERLEA WAY VENICE FLL 34292	109 OVERLEA WAY VENICE FL 34292

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	5a. Capital Contributions as Shown on record
01/25/90	$1,500,000.00
3a. Date of Last Report: 12/26/97	**5b.** Amount of Capital Contributions in FLORIDA to date: $1,500,000.00
4. State or Country of Formation: FLORIDA	
6. FEI Number: 65-0172121 ☐ Applied For ☐ Not Applicable	
7. Certificate of Status Desired ☐ **$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
PATTERSON, JOHN 46 N. WASHINGTON BLVD., #1 SARASOTA FL 34236	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

10a. Pursuant to the provisions of sections 620.1053 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 my named agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE 3/3/99

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
CARM, INC.	109 OVERLEA WAY	VENICE FL	L09162

MK
3/5/99

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****525.25 ****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 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 John W McGiffen president DATE March 3, 1999

Typed or Printed Name of General Partner Signing Form JOHN W. McGIFFEN, as President of CARM, INC., its General Partner Daytime Telephone Number (941) 497-4786

CR2E003 (8/98)