

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 16 AM 9:14



1. Name of Limited Partnership	1a. DOCUMENT # A32235
OKEECHOBEE GOLF ESTATES, LTD.	

Mailing Address 114 N. PARROTT AVE. OKEECHOBEE FL 34972	Principal Office Address 114 N. PARROTT AVE. OKEECHOBEE FL 34972	3. Date Formed or Registered 11/08/1991	5a. Capital Contributions as Shown on record. \$571,000.00
2. Mailing Address P.O. Box 2030	2a. Principal Office Address 210 W. North PARK ST	3b. Date of Last Report 01/02/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite 203	4. State or Country of Formation FL	
City & State OKEECHOBEE, FL	City & State OKEECHOBEE, FL	6. FEI Number 65-0292927	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 34973	Country OKEECHOBEE	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
34972	OKEECHOBEE	8. Make check payable to: Dept. of State (See reverse side for fee information) 600002458825-5	

9. Name and Address of Current Registered Agent COX, LOUIS T. 114 N. PARROTT AVE. OKEECHOBEE FL 34972	10. If changed, new Registered Agent/Office Name LOUIS T. COX Street Address (P.O. Box Number is Not Acceptable) 210 W. North PARK ST Suite, Apt. #, etc. Suite 203 City Okeechobee FL 34972
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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) HAZELLIEF, QUILLIE JOE "JOE"	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1600 S.E. 32ND AVENUE	11b. City, State & Zip Code OKEECHOBEE FL 34974 500002458825-8 -03/17/98--01006--020 ****437.50/****437.50 3-14	11c. Registration/Document Number
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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 Joe Hazellief DATE Mar 16, 1998

Typed or Printed Name of General Partner Signing Form JOE HAZELLIEF Daytime Telephone Number 763-7757

CR2E003 (12/97)