FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1997

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 24 PM 12:45

1. Name of Limited Partnership

1a. DOCUMENT # A32239

THE EAGLES GOLF CLUB, LTD.

Mailing Address
16101 NINE EAGLES DRIVE
ODESSA FL 33556

Principal Office Address
16101 NINE EAGLES DRIVE
ODESSA FL 33556

3. Date Formed or Registered: 11/19/1991
3a. Date of Last Report: 01/03/1996
4. State or Country of Formation: FL
5a. Capital Contributions as Shown on record: $100.00
5b. Amount of Capital Contributions in FLORIDA to date
6. FEI Number: 59-3094249 ☐ 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)

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
KAUFENBERG, MARY D.
16101 NINE EALGES DRIVE
ODESSA FL 33556

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number ...)
Suite, Apt. #, etc.
City FL Zip Code

100002104153311 --1
-01/03/97--01133--017
****200.00 ****200.00

10a. Pursuant to the provisions of sections 620.109 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
LAMBOS, CONSTANTINE P.	16101 NINE EAGLES DR.	ODESSA FL 33556	
GIARDINO, LUCIE	4600 FIELDSTON RD.	BRONX NY 10471	
KAUFENBERG, MARY D.	16101 NINE EAGLES DRI	ODESSA FL 33556	

12-31

CR2E003 (6/96)

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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability for compliance with Section 119.07(3)(i) 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 C. P. Lambos DATE Dec. 18 '96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

0015535