FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# **Å**333<u>′2</u>0`

97 DEC 17 MIII: 34



BAYTREE GOLF & COUNTRY CLUB, LTD.			1 1881/011 1088 0 1220 0 1256 0 F124 0 121 0 0 121 0 102 0 1	
Malling Address Principal Office Address 575 S. WICKHAM RD., STE. E 575 S. WICKHAM RD., STE.			3. Date Formed or Registered 08/13/1992	5a. Capital Contributions as Shown on record \$450,000.00 5b. Amount of Capital Contributions in FLORIDA to date: # / 50,000.00
WEST MELBOURNE FL 32804	WEST MELBOURNE FL 32904		3a. Date of Last Report 01/03/1997	
2. Mailing Address	28. Frincipal Office Address		4. State or Country of Formation	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		6. FLI Number 59-3139159	Applied For
Zip Country	Zip Country		7. Certilicate of Status Desired	\$8.75 Additional Fee Required
			8. Make check payable to Dept. of	State (Soe reverse side for fee information
9. Name and Address of Current Registered Agent		10. if changed, new Registered Agent/Office		
CLARK, COY A. 575 S. WICKHAM RD., STE. E WEST MELBOURNE FL 32904		Name 3[) 1 2 3 1 3 - 3 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1		
		Suite, Apt. #, etc.		
		City FL 7ip Code		
agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER THA	ce or registered agent, or both, in the State of Flori lations of section 620, 192, Florida Statutes.	da. Such change was a	authorized by its general partner(s). Ther DATE TNERSHIP OR OTHE	oby accept the appointment of registered
11. Name(s) of General Fartnor(s)	11a. Address of Each General (Do NOT Use Post Office Box	Partner 11b.	City, State & Zip Code	11c. Registration/ Document Number
CLARK, COY A.	575 S. WICKHAM RD., S		EST MELBOURNE FL 329	
BAYTREE DEVELOPMENT CORP	575 S. WICKHAM RD., S	w	EST MELBOURNE FL 329	\$41137
•				Of 19
Note: General partners MAY N	OT be changed on this form	; an amendm	ent must be filed to ch	ange 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 eath. 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 12-11-97

Daytime Telephone Number . 407-723-9888