


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR -7 AM 11:41	
1. Name of Limited Partnership		1a. DOCUMENT # A92000000101			
COUNTRY CLUB OF OCALA, LTD.					
Mailing Address 1111 N.E. 25TH AVENUE, SUITE 102 OCALA FL 34470		Principal Office Address 1111 N.E. 25TH AVENUE, SUITE 102 OCALA FL 34470		3. Date Formed or Registered 11/30/1992	5a. Capital Contributions as Shown on record \$2,160,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/13/1998	5b. Amount of Capital Contributions in FLORIDA to date \$562,144.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	6. FEI Number 59-3185384
City & State		City & State		7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip Country		Zip Country		9. Name and Address of Current Registered Agent PEEK, ALBERT B 1111 NE 25TH AVENUE SUITE 102 OCALA FL 34470	
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.		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City			
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		
CCOO, INC.	1111 NE 25TH AVENUE,	OCALA FL 34470	V39951		
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		DATE			
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number			
ALBERT B. PEEK		352(732-5255)			

CR2E003 (12/98)