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

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



BRANSON ENTERTAINMENT CONCEPTS, LTD.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

A93000000058

97 DEC 29 AM 9: 57



| | | \$2119 | | |
|---|--|---|--|--|
| O44 SHEPHERD OF THE HILLS EXPWY #307 IRANSON MO 65616 Principal Office Address 3044 SHEPHERD OF THE HILLS EXPWY #307 BRANSON MO 65616 | | 3. Date formed or Registered | 5a. Capital Contributions as Snown on record. | |
| | | | \$3,200,000.00 | |
| | | 12/10/1996 | 5b. Amount of Canital | |
| 100 | | 4. State or Country of Formation | 5b. Amount of Capital Contributions in FLORIDA \$3',200,000.00 | |
| 28. Principal Office Address | | FL | | |
| Suite, Apt. #, etc. | | 6. FEI Number | Applied For | |
| City & State | | | Not Applicable \$8.75 Additional | |
| Zip Country | | | 8. Make check payable to: Dept. of State (See reverse side for fee information) | |
| | | | | |
| 9. Name and Address of Current Registered Agent Name | | 10. If changed, new Registered Agent/Office | | |
| LOONEY, STEPHEN R 200 S. ORANGE AVE., SUITE 3000 ORLANDO FL 32801 | | Street Address (P.O. Box Number Is Not Acceptable) | | |
| | | Suite, Apt. #, etc. | | |
| | | Cily FL Zip Code | | |
| registered agent, or both, in the State of Fi | ed limited partii orida. Such char | ige was authorized by its genera' partner(s). The | the State of Florida, submits this statement roby accept the appointment of registered | |
| IS A CORPORATION, | LIMITED | PARTNERSHIP OR OTHI | | |
| | al Dadasa 1 | 11b. City, State & Zip Code | 11c. Registration/ | |
| | [| BRANSON MO 65616 | P93000001977 | |
| | | 600002 -01/0 **** | 2396186 9 979801109005 550.00 ****550.00 | |
| | 3044 SHEPHERD OF THE HILLS BRANSON MO 65616 28. Principal Office Address Suite, Apt. #, etc. City & State Zip Registered Agent 620.192, Florida Statutes, the above-nan registered agent, or both, in the State of Fis of section 620.192, Florida Statutes. IS A CORPORATION, T BE REGISTERED AN Address of Each Gene (Do NOT Use Post Office E | 3044 SHEPHERD OF THE HILLS EXPWY #307 BRANSON MO 65816 28. Principal Office Address Suite, Apt. #, etc. City & State Zip Country Registered Agent Name Street Address Suite, Apt. # City d 620.192, Florida Statutes, the above-named limited partial registered agent, or both, in the State of Florida. Such chars of section 620.192, Florida Statutes. | O1/05/1993 3a. Date of Last Report 12/10/1996 4. State or Country of Formation FL Suite, Apt. #, etc. City & State Zip Country Registered Agent 10, If changed, new Register Suite, Apt. #, etc. City Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Street Address of Ecc. City Street Addr | |

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filling 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 logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Typed or Printed Name of Goneral Partner Signing Form