**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
**1999**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 FEB -3 PM 1:02

**1.** Name of Limited Partnership

**1a.** DOCUMENT # A93000000944

**OAKS AT THE POLO CLUB, LTD.**

| Mailing Address | Principal Office Address |
|---|---|
| 5752 VINTAGE OAKS CIRCLE<br>DELRAY BEACH FL 33484 | 5752 VINTAGE OAKS CIRCLE<br>DELRAY BEACH FL 33484 |

**2.** Mailing Address
Suite, Apt. #, etc
City & State
Zip Country

**2a.** Principal Office Address
Suite, Apt. #, etc
City & State
Zip Country

**3.** Date Formed or Registered
09/16/1993

**3a.** Date of Last Report
12/22/1997

**4.** State or Country of Formation
FL

**5a.** Capital Contributions as Shown on record
$4,000,000.00

**5b.** Amount of Capital Contributions in FLORIDA to date

**6.** FEI Number
65-0438907
☐ 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)

**9.** Name and Address of Current Registered Agent

COBER CORPORATE AGENTS, INC.
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR
MIAMI FL 33133

**10.** If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc
City FL Zip Code

**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)

**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 |
|---|---|---|---|
| VINTAGE PROPERTIES V, LTD. | 5752 VINTAGE OAKS CIR | DELRAY BEACH FL 33496 | A93000000943 |

2-4-99

**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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-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 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 12/15/98

Typed or Printed Name of General Partner Signing Form Gene Sutton Daytime Telephone Number 561-496-1999

CR2E003 (8/98)