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 2:27

1. Name of Limited Partnership
DESERT GOLF, LTD.

1a. DOCUMENT #
A94000000528

Mailing Address
ONE URBAN CENTER
4830 WEST KENNEDY BLVD.. SUITE 740
TAMPA FL 33609

Principal Office Address
ONE URBAN CENTER
4830 WEST KENNEDY BLVD.. SUITE 740
TAMPA FL 33609

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
04/13/1994

3a. Date of Last Report
11/28/1995

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on Record
$1,523,000.00

5b. Amount of Capital Contributions in FLORIDA to date
1476352

6. FEI Number
59-3240437
☐ 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**
ROSS, SAMUEL K
ONE URBAN CENTER
4830 WEST KENNEDY BLVD., SUITE 740
TAMPA FL 33609

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 section 620.1904 and 620.1907, 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 620.1907, Florida Statutes.

SIGNATURE (Reg. 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 of General Partner	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
RICHLAND GOLF, INC.	4830 W. KENNEDY BLVD.	TAMPA FL 33609	P94000028085

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 report is accurately 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 any kind in connection 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 provided 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 Dale A. West DATE 12/19/96

Typed or Printed Name of General Partner Signing Above Dale A. West Vice President of GP Daytime Telephone Number (813)286-4140

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