

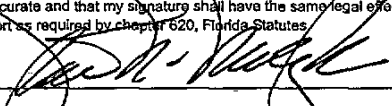


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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 98 DEC 17 AM 9:21 with 12/23	
1. Name of Limited Partnership RIVERSIDE GOLF INVESTMENTS, LTD. III		1a. DOCUMENT # A94000001356			
Mailing Address 141 RIVERSIDE AVENUE, SUITE 300 JACKSONVILLE FL 32202		Principal Office Address 111 RIVERSIDE AVENUE, SUITE 300 JACKSONVILLE FL 32202		3. Date Formed or Registered 10/05/1994	
2. Mailing Address 1535 THE GREENS WAY Suite, Apt. #, etc.		2a. Principal Office Address SAME AS MAILING Suite, Apt. #, etc.		3a. Date of Last Report 12/17/1997	
City & State JACKSONVILLE BEACH, FL.		City & State		4. State or Country of Formation FL	
Zip 32250		Country U.S.A.		5a. Capital Contributions as Shown on record. \$70,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date:	
				6. FEI Number 59-3276231 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$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 SMITH HULSEY & BUSEY 225 WATER STREET, SUITE 1800 JACKSONVILLE FL 32202				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) _____ 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	
MELNYK, STEVEN N		111 RIVERSIDE AVENUE, 1535 THE GREENS WAY		JACKSONVILLE FL 32204 JACKSONVILLE BEACH, FL. 32250	
				9000002722519--3 -12/24/98--01094--010 ****526.25 ****526.25	
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 12/14/98	
Typed or Printed Name of General Partner Signing Form STEVEN N. MELNYK				Daytime Telephone Number 904-273-1000	

CR2E003 (8/98)