

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 20 PM 1:40



1. Name of Limited Partnership
ONE UP GOLF NAPLES, LTD.

1a. DOCUMENT #
A95000001137

Mailing Address 680 TAMiami TRAIL NAPLES FL 33940	Principal Office Address 8405 SUNSTATE STREET TAMPA FL 33634
2. Mailing Address 8405 Sunstate Street	2a. Principal Office Address 680 Tamiami Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Tampa, Florida 33634	City & State Naples, Florida 33940
Zip Country 33634 USA	Zip Country 33940 USA

3. Date Formed or Registered 07/25/1995	5a. Capital Contributions as Shown on record. \$700,000.00
3a. Date of Last Report 01/17/1996	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number 65-0605361	<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 MILLS, FREDERICK J ESQUIRE C/O MORRISON, MORRISON & MILLS, P.A. 1200 W. PLATT STREET, SUITE 100 TAMPA FL 33608	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) *Frederick J. Mills* DATE 10/7/96

**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) ONE UP GOLF OF NAPLES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8405 SUNSTATE STREET	11b. City, State & Zip Code TAMPA FL 33634	11c. Registration/Document Number P95000014769
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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 By: *Kenneth L. Sellers* DATE _____
Kenneth L. Sellers, its President
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/96)