

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
Sandis B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAR 16 PM 12: 13



1. Name of Limited Partnership		1a. DOCUMENT # A95000001137	
ONE UP GOLF NAPLES, LTD.			
Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record
8405 SUNSTATE STREET TAMPA FL 33634	680 TAMiami TRAIL NAPLES FL 33940	07/25/1995	\$700,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	04/06/1998	
City & State	City & State	4. State or Country of Formation	
Zip	Country	FL	
		6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		65-0605361	
		7. Certificate of Status Desired	<input checked="" 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		10. If changed, new Registered Agent/Office	
MILLS, FREDERICK J ESQUIRE C/O MORRISON, MORRISON & MILLS, P.A. 1200 W. PLATT STREET, SUITE 100 TAMPA FL 33806		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	11c. Registration/ Document Number
ONE UP GOLF OF NAPLES, INC.	8405 SUNSTATE STREET	TAMPA FL 33634	P95000014789
000002810980--9 -03/18/99--01072--014 ****535.00 ****535.00 dee (caw)			

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

Nancy V. Sellers

DATE

2-11-99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)