## 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

1. Name of Limited Partnership

**DOCUMENT #** A95000001670

## DELRAY BEACH INTERNATIONAL TENNIS RESORT, LTD.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 JAN 24 AM 10: 39





Mailing Address 2350 JAEGER DR. DELRAY BEACH FL 33444	Principal Office Address 2350 JAEGER DR.	3. Date Formed or Registered 11/01/1995	5a. Capital Contributions as Shown on record.	
DELHAT BEACH FL 33444	DELRAY BEACH FL 33444	3a. Date of Last Report 04/03/1996	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	28. Principal Office Address	4. State or Country of Formation	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 65-0617370	Applied For Not Applicable	
City & State	City & State	7. Certificate of Status Desired	\$8.75 Additional	
Žip Country	Zip Country	8. Make check payable to: Dept. o	Fee Required  of State (See reverse side for fee information)	
- 9, Name and Address of Current Registered Agent		10. If changed, new Register	10. If changed, new Registered Agent/Office	
DUFOUR, MICHEL 2350 JAEGER DR. DELRAY BEACH FL 33444		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 are for the purpose of changing its registered office or agent. Familiar with, and accept the obligation.  SIGNATURE (Registered Agent Accepting Appointment)	registered agent, or both, in the State of Florida. Such of	change was authorized by its general partner(s). I he		
A GENERAL PARTNER THAT MUS	IS A CORPORATION, LIMITE T BE REGISTERED AND ACT			
11. Name(s) of Goneral Partner(s)	11a. (Do NOT Use Post Office Box Number		11c. Registration/ Document Number	
DELRAY BEACH INTERNATIONAL T	2350 JAEGER DR.	DELRAY BEACH FL 33444	P95000084141	
•		000002 -01/29 *****	0706602 /9701121006 41.25 ****541.25	
Note: General partners MAY NO	Γ be changed on this form; an a	mendment must be filed to ch	ange a general partner.	
12. I do hereby certify that the information supplied with	his filing is voluntarily furnished and does not qualify fo	r the exemption stated in Section 119.07(3)(k), Florid	a 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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number