



FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 99 MAY 25 PM 1: 53 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
1. Name of Limited Partnership DELRAY BEACH INTERNATIONAL TENNIS RESORT, LTD.		1a. DOCUMENT # A95000001670		
Mailing Address 650 EGRET CIRCLE DELRAY BEACH FL 33444		Principal Office Address 650 EGRET CIRCLE DELRAY BEACH FL 33444		3. Date Formed or Registered 11/01/1995
2. Mailing Address 171 boul. de MORTAGNE		2a. Principal Office Address		3a. Date of Last Report 10/10/1997
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —		4. State or Country of Formation FL
City & State BOUCHERVILLE (Québec)		City & State		5a. Capital Contributions as Shown on record \$2,000,000.00
Zip J4B 6G4		Country CANADA		5b. Amount of Capital Contributions in FLORIDA to date: 2,683,416
6. FEI Number 65-0617370		<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 DUFOUR, MICHEL 650 EGRET CIRCLE DELRAY BEACH FL 33444		10. If changed, new Registered Agent/Office Name MORIN GAETAN Street Address (P.O. Box Number is Not Acceptable) 4105 Via FIRENZE Suite, Apt. #, etc. — City BOCA RATON FL Zip Code 33433		
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) <i>F. Jans</i> DATE 04/05/99				
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) DELRAY BEACH INTERNATIONAL T	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2350 JAEGER DR.	11b. City, State & Zip Code DELRAY BEACH FL 33444	11c. Registration/Document Number P95000084141	
300002806733--8 05/26/99--01025--002 ****526.25 ****526.25 5-25-99				
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 <i>F. Jans</i>		DATE 04/05/99		
<small>Typed or Printed Name of General Partner Signing Form</small>		<small>Daytime Telephone Number</small>		

CR2E003 (12/98)