

**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 23 AM 11:00

mtm
12/30

1. Name of Limited Partnership MYSTIC GREENS III AT LELY RESORT, LTD.		1a. DOCUMENT # A96000000169	
Principal Office Address 6170 RESERVE CIRCLE #102 NAPLES, FL 34119		3. Date Formed or Registered 1/24/1996	5a. Capital Contributions as Shown on record \$800,000.00
		3a. Date of Last Report none	5b. Amount of Capital Contributions in FLORIDA to date \$800,000.00
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation Florida	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 65-0645561	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent Wilson, Gary K. 4501 Tamiami Trail North Suite 400 Naples, FL 34103	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)

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) MYSTIC GREENS III AT LELY RESORT, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6170 RESERVE CIRCLE #102	11b. City, State & Zip Code NAPLES, FL 34119	11c. Registration/ Document Number P96000007610
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******585.00 ****585.00**

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 *Arthur L. Bateman*
President of Mystic Greens III at Lely Resort, Inc.
Typed or Printed Name of General Partner Signing Form **Arthur L. Bateman**

DATE *December 19, 1996*
Daytime Telephone Number **941-353-1888**

CR2E003 (6/96)