

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 30 AM 11:36

11/3



1. Name of Limited Partnership

1a. DOCUMENT #
A96000000169

MYSTIC GREENS III AT LELY RESORT, LTD.

Mailing Address

6170 RESERVE CIRCLE
#102
NAPLES FL 34119

Principal Office Address

6170 RESERVE CIRCLE
#102
NAPLES FL 34119

3. Date Formed or Registered

01/24/1996

3a. Date of Last Report

12/23/1996

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record

\$800,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

800,000.00

2. Mailing Address

8465 Mystic Greens Way

Suite, Apt. #, etc.
#2201

City & State

Naples, FL

Zip Country

34113

2a. Principal Office Address

8465 Mystic Greens Way

Suite, Apt. #, etc.
#2201

City & State

Naples, FL

Zip Country

34113

6. FEI Number 65-0645561

APPLIED FOR

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$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

WILSON, GARY K
4501 TAMiami TRAIL NORTH, SUITE 400
NAPLES FL 33940

10. If changed, new Registered Agent/Office

Name

Arthur L. Bateman

Street Address (P.O. Box Number is Not Acceptable)

8465 Mystic Greens Way

Suite, Apt. #, etc.

#2201

City

Naples,

FL

Zip Code
34113

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

12/29/97

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 RE

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

6170 RESERVE CIRCLE #
8465 Mystic
Greens Way
#2201

11b. City, State & Zip Code

NAPLES FL 34119
34113

11c. Registration/
Document Number

P96000007610

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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

DATE

12/29/97

Typed or Printed Name of General Partner Signing Form

Mystic Greens III at Lely Resort, Inc.

Daytime Telephone Number

941-793-8990

CR2E003 (6/97)