

**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
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 22 PM 3:11

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1. Name of Limited Partnership

1a. DOCUMENT #
A96000000866

PINE RIDGE GOLF CENTER, LTD.



Mailing Address C/O RICHARD T. COTTER, P.A. 6100 ESTERO BLVD. FORT MYERS BEACH FL 33931		Principal Office Address C/O JON EBERT 5270 6TH AVENUE SOUTHWEST NAPLES FL 33999		3. Date Formed or Registered 05/08/1996	5a. Capital Contributions as Shown on record. \$750,000.00
2. Mailing Address		2a. Principal Office Address <i>C/O JON EBERT</i>		3a. Date of Last Report 12/15/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>5270 Tamarind Ridge Drive</i>		4. State or Country of Formation FL	
City & State		City & State <i>NAPLES FL</i>		6. FEI Number 65-0634108	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country		Zip Country <i>34119 USA</i>		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 RICHARD T. COTTER, P.A. 6100 ESTERO BLVD. FORT MYERS BEACH FL 33931	10. If changed, new Registered Agent/Office	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, etc.	
City		Zip Code FL

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
SOUTHWEST FLORIDA GOLF RANGE	5270 6TH AVE. S.W. <i>5270 Tamarind Ridge DR.</i>	NAPLES FL 33999 <i>Naples, FL 34119</i>	P95000048397
700002735087--8 -01/08/98--01091--017 ****526.25 ****526.25			

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

Jon Ebert

DATE = *12/16/98*

Typed or Printed Name of General Partner Signing Form

JON EBERT

Daytime Telephone Number *(941) 649-5900*

CR2E003 (8/96)