FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



HEATHROW GOLF COMPANY LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
Division OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

a. DOCUMENT # **A9600001057**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 DEC 30 AM 9: 58



Mailing Address C/O RDC GOLF OF FLORIDA I, INC. 1275 LAKE HEATHROW LANE HEATHROW FL 32746	Principal Office Address C/O RDC GOLF OF FLORIDA I. INC. 1275 LAKE HEATHROW LANE HEATHROW FL 32746		06/04/1996 3a. Date of Last Report	5a. Capital Contributions as Shown on record.
				5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	\$1,200,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59–3381083	Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional
rp 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 Curre	ent Registered Agent		10. If changed, new Register	ed Agent/Office
APOSTOLICAS, GEORGE P 1275 LAKE HEATHROW LANE HEATHROW FL 32746		N. Dwayne Gray, Jr., Esquire Street Address (P.O. Box Number Is Not Acceptable) 135 West Central Boulevard Suite, Apt. #, etc. Suite 1100		
	or registered agent, or both, in the State of Fl	Suite, Apt. #, etc. Suit City Orla led limited partnership or	e 1100 ndo ganized or registered under the laws of	FL Zip Code 32801
10a. Pursuant to the provisions of sections 620 1051 for the purpose of changing its registered office	or registered agent, or both, in the State of Fi ions at section 620, 192, Florida Statutes. M. Wayne &	Suite, Apt. #, etc. Suit City Orla ned limited partnership or orida. Such change was	e 1100 ndo ganized or registered under the laws of authorized by its general partner(s). I he	FL Zip Code 32801 the State of Florida, submits this statement reby accept the appointment of registered
IOa. Pursuant to the provisions of sections 620-1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligate SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAM	or registered agent, or both, in the State of Flicins of section 620, 192, Flor da Statutes. T IS A CORPORATION, ST BE REGISTERED AN	Suite, Apt. #, etc. Suit City Orla ned limited partnership or orida. Such change was LIMITED PAF ND ACTIVE W	e 1100 ndo ganized or registered under the laws of authorized by its general partner(s). I he DATE RTNERSHIP OR OTHI	FL Zip Code 32801 the State of Florida, submits this statement reby accept the appointment of registered 13 - 12 - 96 ER BUSINESS ENTITY
10a. Pursuant to the provisions of sections 620-1051 for the purpose of changing its registered office agent. Lam familiar with, and accept the obligation of the control o	or registered agent, or both, in the State of Flicons of section 620, 192, Florida Statutes. T IS A CORPORATION,	Suite, Apt. #, etc. Suit City Orla ned limited partnership or orida. Such change was LIMITED PAR ND ACTIVE W ral Partners) 11b	e 1100 ndo ganized or registered under the laws of authorized by its general partner(s). I he DATE RTNERSHIP OR OTHI	FL 32801 the State of Florida, submits this statement reby accept the appointment of registered 12 - /2 - 96 ER BUSINESS ENTITY
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Daytime Telephone Number (407) 333-1450