

**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
97 JAN -3 PM 2:02**

1. Name of Limited Partnership THE TIDES AT TOPS'L, LTD.		1a. DOCUMENT # A96000002253	
Mailing Address 4000 Sandestin Blvd., S. Destin, Florida 32541		Principal Office Address 4000 Sandestin Blvd., S Destin, Florida 32541	
2. Mailing Address 4000 Sandestin Blvd., S Suite, Apt. #, etc.		2a. Principal Office Address 4000 Sandestin Blvd., S Suite, Apt. #, etc.	
City & State Destin, Florida 32541		City & State Destin, Florida 32541	
Zip Country		Zip Country	
3. Date Formed or Registered 12-10-96		5a. Capital Contributions as Shown on record 100,000	
3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date: 100,000	
4. State or Country of Formation FLORIDA		6. FEI Number 62-1664438 <input type="checkbox"/> Applied For <input checked="" 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 Robert Kamm 4000 Sandestin Blvd., S. Destin, Florida 32541		10. If changed, new Registered Agent/Office Name N/A Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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. N/A N/A 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) The Tides at Tops'l, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4000 Sandestin Blvd., S	11b. City, State & Zip Code Destin, Florida 32541	11c. Registration/Document Number P96000065509
<p style="text-align: right;">700002054937--7 -01/10/97--01119--017 ****576.25 ****576.25</p>			

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 *Frank L. Flautt* **DATE** **12/23/96**
Typed or Printed Name of General Partner Signing Form **FRANK L. FLAUTT, PRESIDENT** **Daytime Telephone Number** **901/526-2000**

CH2E003 (6/96)