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

1. Name of Limited Partnership

A96000002449

DOCUMENT#

FILED W 11/16

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SECRETARY OF STATE TALLAHASSEE FLORIDA

THE EQUESTRIAN CLUB HOLDING, LTD.							
Mailing Address 3401 EQUESTRIAN CLUB ROAD WELLINGTON FL 33414	Principal Office Address 3401 EQUESTRIAN CLUB ROAD WELLINGTON FL 33414		_	3. Date Formed or Registered 12/20/1996 3a. Date of Last Report 02/16/1998	5a. Capital Contributions as Shown on record. \$871,500.00 5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	#871,500.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 65-0736268		Applied For Not Applicable	
City & State	City & State			7. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip Country	Zip Country _			8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office			
VARNEY, WILLIAM P		Name 911002689209-2 Street Address (P.O. Box Number Is Not Acceptable) 1717/38-01036-004					
3401 EQUESTRIAN CLUB ROAD	-		*****526_25 *****526_25 Suite, Apt. #, etc.				
WELLINGTON 1 C 60414		City FL Zip Code					
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		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
VÄRNEY, WILLIAM P WEBER, HERBERT J.	13496 NORTHUMBERLAND 834 OYSTR LANE		WELLINGTON FL 33414 LANTANA FL 33462				
Note: Conord partners MAY NOT	as changed on this form	r an ame	andmei	nt must be filed to cha	nge a g	eneral nartner.	
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 sorte 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 legal of the statutes.							
SIGNATURE JUAN THAINLY DATE 1/30/98							
Typed or Printed Name of General Partner Signing Form WILLIAM P. VARNEY Daytime Telephone Number 361-1/93-9800							