

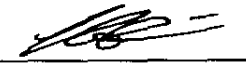


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 28, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|--------------------------|---------|---|---|---------|
| DOCUMENT # A97000000042 | | | |  | |
| 1. Entity Name WELP GOLF INVESTMENT, LTD. | | | | | |
| Principal Place of Business C/O ESTEIN & ASSOCIATES USA, LTD. 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819 | | | Mailing Address C/O ESTEIN & ASSOCIATES USA, LTD. 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ESTEIN, LOTHAR 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$4,800,000.00 | | | 10. Amount of Capital Contributions in FLORIDA to date. | | |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. | | | | | |
| 12. GENERAL PARTNER INFORMATION | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # | P97000000691 | | STREET ADDRESS | | |
| NAME | ESTEIN GOLF CORPORATION | | CITY-ST-ZIP | | |
| STREET ADDRESS | 5211 INTERNATIONAL DRIVE | |  000000246689 02/28/05-R0074-022 535.00 | | |
| CITY-ST-ZIP | ORLANDO, FL 32819 | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
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| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes | | | | | |
| SIGNATURE:  | | | Lothar Estein | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | Date: 2/18/2005 (407) 354-3307 | | |

STAPLE CHECK HERE