

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

#156-75

FILED

97 DEC 29 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



22/1

1. Name of Limited Partnership

1a. DOCUMENT #
A97000000403

CHARLOTTE GOLF PARTNERS LIMITED PARTNERSHIP

Mailing Address

1474 JORDAN HILLS COURT
CLEARWATER FL 34616

Principal Office Address

1474 JORDAN HILLS COURT
CLEARWATER FL 34616

3. Date Formed or Registered

02/14/1997

3a. Date of Last Report

5a. Capital Contributions as
Shown on record.

\$100.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$1,000.00

4. State or Country of Formation

FL

6. FEI Number

59-3428027

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

22725 GREATER MACK
Suite, Apt. #, etc.

2a. Principal Office Address

22725 GREATER MACK
Suite, Apt. #, etc.

City & State

ST. CLAIR SHORES, MI

Zip

48080

Country

USA

City & State

ST. CLAIR SHORES, MI

Zip

48080

Country

USA

9. Name and Address of Current Registered Agent

BRUNSON, JOHN ESQ.
1474 JORDAN HILLS COURT
CLEARWATER FL 34616

10. If changed, new Registered Agent/Office

Name

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.

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)

CHARLOTTE GOLF PARTNERS, INC

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

1474 JORDAN HILLS COU

11b. City, State & Zip Code

CLEARWATER FL 34616

11c. Registration/
Document Number

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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

Wayne T. Wallrich, President

DATE

12/15/97

Typed or Printed Name of General Partner Signing Form

WAYNE T. WALLRICH, PRESIDENT

Daytime Telephone Number

(313)343-0498

CR2E003 (6/97)