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

Sanota B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT #

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JAN 20 PM 3: 41



Maling Address Principal Office Address Principal Office Address 3, Date formed or Registered \$58. Capital Contributions \$100,000.00 **CUMMINGS & LOCKWOOD \$001 TAMMAIL TR. N. NAPLES FL 34100 \$100,000.00 **CUMMINGS & LOCKWOOD \$100,000.00 \$100,000.00 **CUMMINGS & LOCKWOOD \$100,000.00 \$100,000.00 **CUMMINGS & LOCKWOOD \$100,000.00 **SCHECHTER, JOEL H \$100,000.00 **SCHECHTER, JOEL H \$100,000.00 **CUMMINGS & LOCKWOOD \$100,000.00 **STEEL Address (P.O. Box Number Is Not Acceptable) **Tip Codo **		A97000000517					
Maling Address Principal Office Address 9. CIMMINGS & LOCKWOOD 3001 TAMIAMI TR. N. NAPLES FI. 34103 \$1.000,000.00 \$1.00000,000.00 \$1.00000,000.00 \$1.0000,000.00 \$1.0000,000.00 \$1.00000,000.00 \$1.00000,	CORAL SEAS LIMITED PARTNERSHIP		,		<u> </u>		
*** CUMMINGS & LOCKWOOD 5001 TAMMAHI TR. N. NAPLES FL 34103 2. Malling Address 2. Principal Office Address 2. Principal Office Address 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 5. Fill Number 6. Fill Number 7. Centificate of Status Decired 9. Name and Address of Courrent Registered Agent 10. If changed, now Registered Agent/Office SCHECHTER, JOEL H CUMMINGS & LOCKWOOD 3. Suite, Apt. #, etc. SCHECHTER, JOEL H CUMMINGS & LOCKWOOD 3. Suite, Apt. #, etc. SCHECHTER, JOEL H CUMMINGS & LOCKWOOD 3. Suite, Apt. #, etc. 10. Applied FL SUITE, Apt. #, etc. 10. Applied FL SUITE, Apt. #, etc. SUITE, Apt. #, etc. SUITE, Apt. #, etc. 10. Applied FL SUITE, Apt. #, etc. SUITE, Apt. #, etc. 11. Name(e) of General Panner(e) 12. Decired Statutes SUNLINK GOLF COMPANY NAPLES F				91/23			
38. Date of Last Report NAPLES FL 34103 38. Date of Last Report 4. State or Country of Formation FL Sulte, Apt. #, etc. 50. Id., Apt. #, etc. 50. Sulte, Apt. #, etc. 50. Sulte, Apt. #, etc. 50. Sulte, Apt. #, etc. 65. FEI Number 65. FO 73 654 0 Applied F 7. Certificate of Status Desired 7. Certificate of Status Desired 88. Rete check payable to: Dept. of State (See reverse side for fee 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office SCHECHTER, JOEL H CUMMINGS & LOCKWOOD 3001 TAMIAMI TRAIL NORTH NAPLES FL 34103 10a. Pursuant to the provisions of sections \$20.1051 and \$20.192. Forids Statuss, the above-named limited partnership organized or registered under the laws of the State of Forids. Such change was surhorized by its general partner(s). Thereby society the appointment of agent. I term familiar with, and accept the obligations of section (20.192, Forids Status) SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address General Partner(s) 11b. City, State & Zip Code 11c. Registered SUNLINK GOLF COMPANY NAPLES FL 34103 P97000017289	1986	Principal Office Address	r	3. Date Formed or Registered	58. Capital Contributions as Shown on record.		
2. Malling Address 28. Principal Office Address Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country To C	AMI TR. N.	3001 TAMIAMI TR. N. NAPLES FL 34103		38. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA		
Suite, Apt. #, etc. City & State Country Zip Country To Country Registered Agent To, Certificate of Status Desired Registered Agent/Office Name SCHECHTER, JOEL H CUMMINGS & LOCKWOOD 3001 TAMIAMI TRAIL NORTH NAPLES FL 34103 City City Lity City City Lity City City Lity City Ci	ng Address			·			
Zip Country Zip Country Zip Country 8. Make check payable to: Dept. of State (See reverse side for fee 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office SCHECHTER, JOEL H CUMMINGS & LOCKWOOD 3001 TAMIAMI TRAIL NORTH NAPLES FL 34103 City FL Zip Code 108. Pursuant to the provisions of sections 620 1051 and 620 192. Floridas Statules, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this for the purpose of changing its registered agent, or both, in the State of Florida Statules SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(e) of General Partner(s) 11a. Address of Each General Partner SUNLINK GOLF COMPANY %3001 TAMIAMI TRAIL N NAPLES FL 34103 P97000017289	#, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For		
Zip Country 8. Make check payable to: Dept. of State (See reverse side for fee 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office SCHECHTER, JOEL H CUMMINGS & LOCKWOOD 3001 TAMIAMI TRAIL NORTH NAPLES FL 34103 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, submitts this for the purpose of changing lis registered disce 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 agent. I am familiar with, and accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(a) of General Partner(s) 11a. Address of Each General Partner 11b. City, State & Zip Code 11c. Registered NaPlocation of Sunction Sunctio	te	City & State			Not Applicable	\dashv	
SCHECHTER, JOEL H CUMMINGS & LOCKWOOD 3001 TAMIAMI TRAIL NORTH NAPLES FL 34103 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 for the purpose of changing its registered difce 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 agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) NAPLES FL 34103 P97000017289	Country	Zip Co	ountry		\$8.75 Additional Fee Required State (See reverse side for fee informations)	lion)	
SCHECHTER, JOEL H CUMMINGS & LOCKWOOD 3001 TAMIAMI TRAIL NORTH NAPLES FL 34103 Pursuant to the provisions of sections 620, 1051 and 620, 192. Fiorida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this 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 agent. I am familiar with, and accept the obligations of section 620, 192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner 11b. City, State & Zip Code 11c. Registrate Document No. P97000017289							
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Aleast forward notices MAY NOT be changed on this form; an amendment must be filed to change a general na	<u> </u>						

this annual report is true an empowered to execute this

MICHA PRZYBYLA

prior/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 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 vate 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 tas required by chapter 620, Florida Statutes.

Daytime Telephone Number 741-403-8740