

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 APR -7 AM 11:24



1. Name of Limited Partnership  DEEP LAGOON BOAT CLUB, LTD.	1a. DOCUMENT # A97000001784
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Mailing Address SANDALWOOD SQUARE 4760 TAMiami TRAIL NORTH, SUITE 6 NAPLES FL 34103	Principal Office Address SANDALWOOD SQUARE 4760 TAMiami TRAIL NORTH, SUITE 6 NAPLES FL 34103
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered 08/19/1997	5a. Capital Contributions as Shown on record \$3,000,000.00
3a. Date of Last Report 04/13/1998	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	6. FEI Number 65-0765218 <input type="checkbox"/> Applied For <input 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 BOATCLUBSAMERICA, L.C. SANDALWOOD SQUARE 4760 TAMiami TRAIL NORTH, SUITE 6 NAPLES FL 34103	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) BOATCLUBSAMERICA, L.C.	11a. Address of Each General Partner (Do NOT Use Post Office Box Number(s)) 4760 TAMiami TRAIL NO	11b. City, State & Zip Code NAPLES FL 34103	11c. Registration/Document Number L98000000839
7000002837027--1 -01/12/93--01144--001 ****526.25 ****526.25 4-9-99			

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 *Edward J. Ruff* DATE 4-5-99  
Typed or Printed Name of General Partner Signing Form Edward J. Ruff Daytime Telephone Number 941-262-8661

CR2E003 (12/98)