

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

98 APR 22 PM 3:14



1. Name of Limited Partnership	1a. DOCUMENT # A97000002015
---------------------------------------	--

ELITE RESORTS AT BIG O, LTD.

Mailing Address 7950 S.W. HIGHWAY 78 OKEECHOBEE FL 34974		Principal Office Address 7950 S.W. HIGHWAY 78 OKEECHOBEE FL 34974		3. Date Formed or Registered 09/17/1997	5a. Capital Contributions as Shown on record. \$7,500.00
2. Mailing Address		2a. Principal Office Address P.O. Box 5489		3a. Date of Last Report	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
City & State		City & State Salt Springs, FL		6. FEI Number 65-0799925	
Zip		Zip 32134		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 WEST, BRADFORD D ESQ. 215 NORTH EOLA DRIVE ORLANDO FL 32801	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 800002502628-- 9 -04/28/98--01053--007 City *****88.75 FL *****88.75
---	--

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) ELITE RESORTS AT BIG O, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 25250 EAST HIGHWAY 31	11b. City, State & Zip Code SALT SPRINGS FL 32134	11c. Registration/Document Number P97000080335
--	---	---	--

800002502628-- 9
-04/28/98--01053--008
*****52.50 *****52.50

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

DATE

ELITE RESORTS AT BIG O, INC. General Partner

3/31/98

CR2E003 (12/97)