

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 APR -1 AM 8:24

|   |                                   |   |   |   |  |
|---|-----------------------------------|---|---|---|--|
| <b>DOCUMENT # A97000002626</b><br>1. Entity Name<br><b>THE BEAR'S CLUB FOUNDING PARTNERS, LTD.</b>  |                                   |   |   |   |  |
| Principal Place of Business<br><b>11780 U.S. HIGHWAY ONE, SUITE 400<br/>NORTH PALM BEACH, FL 33408</b>  |                                   |   | Mailing Address<br><b>2000 PGA BLVD., STE. 2202<br/>NORTH PALM BEACH, FL 33408</b>  |   |  |
| 2. Principal Place of Business  |                                   | 3. Mailing Address                                      |   |   |  |
| Suite, Apt. #, etc.   |                                   | Suite, Apt. #, etc.                                     |   |   |  |
| City & State  |                                   | City & State  |   |   |  |
| Zip   | Country                           | Zip   | Country   | 4. FEI Number<br><b>65-0810035</b>  |  |
|   |                                   |   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HAILE, SHAW &amp; PFAFFENBERGER, PA<br/>11780 U.S. HIGHWAY ONE, SUITE 300<br/>NORTH PALM BEACH, FL 33408</b>  |                                   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                                   |   |   |   |  |
| 9. Capital Contributions as Shown on record. <b>\$35,000,000.00</b>   |                                   | 10. Amount of Capital Contributions in FLORIDA to date. |   |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                                   |   |   |   |  |
| 12. GENERAL PARTNER INFORMATION   |                                   |   | 13. ADDRESS CHANGES ONLY  |   |  |
| DOCUMENT #  | P97000085463                      |   | STREET ADDRESS  |   |  |
| NAME  | BEAR'S CLUB MANAGEMENT CORP.      |   | CITY-ST-ZIP   |   |  |
| STREET ADDRESS  | 11780 U.S. HIGHWAY ONE, SUITE 400 |   | <b>900050510909</b><br><b>04/12/05-01010-013 ***526.25</b>  |   |  |
| CITY-ST-ZIP   | NORTH PALM BEACH, FL 33408        |   | STREET ADDRESS  |   |  |
| DOCUMENT #  |                                   |   | CITY-ST-ZIP   |   |  |
| NAME  |                                   |   | STREET ADDRESS  |   |  |
| STREET ADDRESS  |                                   |   | CITY-ST-ZIP   |   |  |
| CITY-ST-ZIP   |                                   |   | STREET ADDRESS  |   |  |
| DOCUMENT #  |                                   |   | CITY-ST-ZIP   |   |  |
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| STREET ADDRESS  |                                   |   | CITY-ST-ZIP   |   |  |
| CITY-ST-ZIP   |                                   |   | STREET ADDRESS  |   |  |
| DOCUMENT #  |                                   |   | CITY-ST-ZIP   |   |  |
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| STREET ADDRESS  |                                   |   | CITY-ST-ZIP   |   |  |
| CITY-ST-ZIP   |                                   |   | STREET ADDRESS  |   |  |
| DOCUMENT #  |                                   |   | CITY-ST-ZIP   |   |  |
| NAME  |                                   |   | STREET ADDRESS  |   |  |
| STREET ADDRESS  |                                   |   | CITY-ST-ZIP   |   |  |
| CITY-ST-ZIP   |                                   |   | STREET ADDRESS  |   |  |
| 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 |                                   |   |   |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>  |                                   |   | Date <b>3/21/05</b> Daytime Phone # _____   |   |  |

STAPLE CHECK HERE