FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR -8 AM 10:36

LIMITED PARTNERSHIP ANNUAL REPORT
1999

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

1. Name of Limited Partnership	1a. DOCUMENT #
ALAFAYA CLUB, LTD. 99-AR cm	**A98000000128**

Mailing Address	Principal Office Address
	535 Park Avenue N. 2nd Floor Winter Park, FL 32789

2. Mailing Address	2a. Principal Office Address
P. O. Box 1508	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park, FL	City & State
Zip: 32790 Country	Zip Country

3. Date Formed or Registered: 01/13/98	5a. Capital Contributions as Shown in record: $50.00
3a. Date of Last Report: 01/13/98	5b. Amount of Capital Contributions in FLORIDA to date: $2,600,000
4. State or Country of Formation: Florida	
6. FEI Number: 59-3486253	☐ 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)	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
B&C Corporate Services of Central Florida, Inc. 390 North Orange Avenue Orlando, FL 32801	Name: Warren E. Williams Street Address (P.O. Box Number is Not Acceptable): 28 West Central Boulevard Suite, Apt. #, etc: City: Orlando FL Zip Code: 32801

10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE 12/21/98

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
LOKANO, INC.	535 Park Avenue N. 2nd Floor	Winter Park, FL 32789	P98000003638

000002814563 T
-03/22/99 -01153--024
****526.25 ****526.25

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 12/21/98

Typed or Printed Name of General Partner Signing Form: UDO GARBE Daytime Telephone Number: 407-629-9082