


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000000814 1. Entity Name GOLF CLUB OF THE EVERGLADES, LTD.					
Principal Place of Business C/O QUINBY REALTY 3775 AIRPORT-PULLING ROAD NAPLES, FL 34105			Mailing Address C/O QUINBY REALTY 3775 AIRPORT-PULLING ROAD NAPLES, FL 34105		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		04222005 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0823982				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HOLLAND, CLINT 3765 AIRPORT RD NAPLES, FL 34105	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small>					
9. Capital Contributions as Shown on record. \$8,000,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P98000027628		STREET ADDRESS		
NAME	EVERGLADES GOLF CORP.		CITY-ST-ZIP		
STREET ADDRESS	3775 AIRPORT-PULLING ROAD		000000345953 04/30/05-80056-016 526.25		
CITY-ST-ZIP	NAPLES, FL 34105				
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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					
SIGNATURE: <u>By - Quinby Everglades Golf Corp</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4/30/05 (239) 261-1166 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE