2005 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2005**

FILED 2005 APR 25 PH 12: 22 **DOCUMENT # A98000002553** RED STICK GOLF INVESTMENTS, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5070 NORTH HIGHWAY A-1-A, SUITE 200 5070 NORTH HIGHWAY A-1-A, SUITE 200 VERO BEACH, FL 32963 VERO BEACH, FL 32963 2. Principal Place of Business 3. Mailing Address 5070 North HIGHWAY A.I. A 5070 NORTH HIGHWAY ATA Suite, Apt. #, etc. 205 Suite, Apt. #, etc. 03162005 Cha-LP CR2E003 (10/03) 205 Suite City & State City & State 4. FFI Number Applied For VERO BEACH FL FL Vero Beac4 91-1940420 Not Applicable Zip 32963 Country 32963 \$8.75 Additional -5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CALDWELL, WILLIAM W Street Address (P.O. Box Number is Not Acceptable) 756 BEACHLAND BLVD. VERO BEACH, FL 32963 City 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 Signature, typed or printed name of registered agent and title If applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$7,350,000.00 as Shown on record. in FLORIDA to date. # 1, 225,000.00 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT # P98000069543 STREET ADDRESS RED STICK ACQUISITION CORPORATION NAME STREET ADDRESS 5070 NORTH HIGHWAY A-1-A, SUITE 200 CITY-ST-ZIP City-St-ZIP VERO BEACH, FL 32963 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 900054345939 05/12/05--01072--029 **526.25 DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY - ST - 7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

WARFENL.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: