

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

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
98 DEC 31 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # A98000002856
Ocala Trophy Limited Partnership	

Mailing Address c/o Ocala 200, Inc. 4800 No. Federal Hwy., #202-E Boca Raton, FL 33431		Principal Office Address Same	
2. Mailing Address 4800 No. Federal Hwy. Suite, Apt. #, etc. Suite 202-E City & State Boca Raton, FL Zip Country 33431 USA	2a. Principal Office Address 4800 No. Federal Hwy. Suite, Apt. #, etc. Suite 202-E City & State Boca Raton, FL Zip Country 33431 USA		

3. Date Formed or Registered Dec. 24, 1998	5a. Capital Contributions as Shown on record. \$3,000,000.00
3a. Date of Last Report Dec. 24, 1998	5b. Amount of Capital Contributions in FLORIDA to date: \$2,000,000.00
4. State or Country of Formation Florida	
6. FEI Number 65-0882273	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 Ocala 200, Inc. 4800 North Federal Hwy., Suite 202-E Boca Raton, FL 33431
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10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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 620.432, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *By: [Signature] Pres.* DATE 12/30/98

**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) Ocala 200, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4800 No. Federal Hwy Suite 202-E	11b. City, State & Zip Code Boca Raton, FL 33431	11c. Registration/ Document Number p 97000071864 5000002749725-9 -01/21/99-01070-011 ****\$26.25 ****\$26.25
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**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 *By: [Signature] Pres.* DATE 12/30/98  
Typed or Printed Name of General Partner Signing Form Robert J. Demers Daytime Telephone Number 561-362-9205

CR2E003 (8/98)