

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

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

|  |                      |                |   |                                      |  |
|--|----------------------|----------------|---|--------------------------------------|--|
| <b>DOCUMENT # B02000000278</b>   |                      |                |   |                                      |  |
| <b>1. Entity Name</b><br>THE WINDERMERE GOLF ACADEMY LIMITED PARTNERSHIP   |                      |                |   |                                      |  |
| <b>Principal Place of Business</b><br>7100 STATE ROAD 535<br>WINDERMERE, FL 34786  |                      |                | <b>Mailing Address</b><br>7100 STATE ROAD 535<br>WINDERMERE, FL 34786   |                                      |  |
| <b>2. Principal Place of Business</b><br>Suite, Apt #, etc.  |                      |                | <b>3. Mailing Address</b><br>Suite, Apt #, etc.   |                                      |  |
| <b>City &amp; State</b>  |                      |                | <b>City &amp; State</b>   |                                      |  |
| <b>Zip</b>   |                      | <b>Country</b> |   | <b>4. FEI Number</b><br>59-3380283   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |                      |                |   | <b>Applied For</b><br>Not Applicable |  |
| <b>6. Name and Address of Current Registered Agent</b><br>NEUBACHER, DAVID<br>7100 STATE ROAD 535<br>WINDERMERE, FL 34786  |                      |                | <b>7. Name and Address of New Registered Agent</b><br>Name:<br>Street Address (P.O. Box Number is Not Acceptable):<br>City: <b>FL</b> Zip Code: |                                      |  |
| <b>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.</b>   |                      |                |   |                                      |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |                      |                |   |                                      |  |
| <b>9. Capital Contributions as Shown on record</b> \$452,500.00  |                      |                | <b>10. Amount of Capital Contributions in FLORIDA to date</b> \$452,500.00  |                                      |  |
| \$ 526.25 <i>due</i>   |                      |                |   |                                      |  |
| <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>  |                      |                |   |                                      |  |
| <b>12. GENERAL PARTNER INFORMATION</b>   |                      |                | <b>13. ADDRESS CHANGES ONLY</b>   |                                      |  |
| DOCUMENT #   | NAME                 |                | STREET ADDRESS  |                                      |  |
| STREET ADDRESS   | 7100 STATE ROAD 535  |                | CITY - ST - ZIP   |                                      |  |
| CITY - ST - ZIP  | WINDERMERE, FL 34786 |                | CITY - ST - ZIP   |                                      |  |
| DOCUMENT #   | NAME                 |                | STREET ADDRESS  |                                      |  |
| STREET ADDRESS   |                      |                | CITY - ST - ZIP   |                                      |  |
| CITY - ST - ZIP  |                      |                | CITY - ST - ZIP   |                                      |  |
| DOCUMENT #   | NAME                 |                | STREET ADDRESS  |                                      |  |
| STREET ADDRESS   |                      |                | CITY - ST - ZIP   |                                      |  |
| CITY - ST - ZIP  |                      |                | CITY - ST - ZIP   |                                      |  |
| DOCUMENT #   | NAME                 |                | STREET ADDRESS  |                                      |  |
| STREET ADDRESS   |                      |                | CITY - ST - ZIP   |                                      |  |
| CITY - ST - ZIP  |                      |                | CITY - ST - ZIP   |                                      |  |
| DOCUMENT #   | NAME                 |                | STREET ADDRESS  |                                      |  |
| STREET ADDRESS   |                      |                | CITY - ST - ZIP   |                                      |  |
| CITY - ST - ZIP  |                      |                | CITY - ST - ZIP   |                                      |  |
| <b>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</b> |                      |                |   |                                      |  |
| <b>SIGNATURE:</b> <i>David M. Neubacher</i>  |                      |                | DAVID M. NEUBACHER 14 APR 05  |                                      |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>  |                      |                | <small>Date Daytime Phone #</small>   |                                      |  |



01202005 Chg-LP CR2E003 (10/03)

STAPLE CHECK HERE

407.909.0770