

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 15 AM 10:46

1. Name of Limited Partnership

1a. DOCUMENT #
B93000000583

BEACH CLUB ASSOCIATES LIMITED PARTNERSHIP



Mailing Address

777 NORTH HIGHWAY A1A
SUITE 201
INDIALANTIC FL 32903

Principal Office Address

777 NORTH HIGHWAY A1A
SUITE 201
INDIALANTIC FL 32903

3. Date Formed or Registered

12/30/1993

5a. Capital Contributions as
Shown on record

\$0.00

3a. Date of Last Report

03/04/1996

5b. Amount of Capital
Contributions in FL OUIDA
to date

4. State or Country of Formation

NH

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

12-3744346

☐ 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

JONES, RICHARD O
1250 EAU GALIE BLVD.
UNIT J
MELBOURNE FL 32935

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

*****191.25
-10/21/96-01023-001
FL *****191.25

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 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**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

DLJ REALTY CORP

777 NORTH HIGHWAY A1A

INDIALANTIC FL 32903

P93000087130

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:

DLJ REALTY CORP
Thomas M. Downs

, VICE PRESIDENT

DATE: 10/11/96

Typed or Printed Name of General Partner Signing Form

THOMAS M. DOWNS

Daytime Telephone Number

407-725-3000

CR2E003 (6/96)