

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 FEB 18 PM 4:19

1. Name of Limited Partnership Pelican Hill Associates L.P.		1a. DOCUMENT # B95000000066	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
Mailing Address c/o Florida Panthers Holdings, Inc. 450 E. Las Olas Blvd. Suite 1500 Ft. Lauderdale, FL 33301		Principal Office Address Corporate Trust Ctr. 1209 Orange St. Wilmington, DE 19801	
3. Date Formed or Registered 2/23/95		5a. Capital Contributions as Shown on record \$140,000	
3a. Date of Last Report 1/97		5b. Amount of Capital Contributions in FLORIDA to date \$140,000	
4. State or Country of Formation DE		6. FEI Number 36-4005258 <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 CT Corporation System 1200 South Pine Island Road Pantation, FL 33324		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is <del>1200</del> 1244 1997--3 -02/27/98--01002--008 Suite, Apt. #, etc. ****\$526.25 ****\$526.25 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 620 192, 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) Resort Hill, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) c/o Florida Panthers, Holdings, Inc. 450 E. Las Olas Blvd. Suite 1500	11b. City, State & Zip Code Ft. Lauderdale, FL. 33301	11c. Registration/Document Number F950000000905 2-18
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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 \_\_\_\_\_ DATE \_\_\_\_\_

Typed or Printed Name of General Partner Signing Form William M. Pierce, Vice President Daytime Telephone Number 954-712-1308

CR2E003 (6/97)

Carson  
Requestor's Name  
Kerman, Senterfitt  
Address  
222-3471  
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Pelican Hill Associates - B95000000066  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time \_\_\_\_\_  
☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certified Copy ☐ Certificate of Status

RECEIVED  
98 FEB 18 PM 3:44  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Please file  
the attached  
and stamp  
the copy  
"filed".