

B9500000072



An Argosy Group Resort

CYPRESS POINTE RESORT  
AT LAKE BUENA VISTA  
8431 Treasure Cay Lane  
Post Office Box 22069  
Lake Buena Vista, Florida 32810-2069  
Telephone: (407) 238-2300

February 20, 1995

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314  
Attn: Qualification Section

000001406200  
-02/14/95--01100--001  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

RE: Authorization to Transact Business in Florida

Dear Sir or Madam:

Enclosed you will find Application by Foreign Limited Partnership for Authorization to Transact Business in Florida, in duplicate, for Port Royal Resort, L.P. and Fall Creek Resort, L.P., together with a check for each in the amount of \$87.50 representing the filing fee. Please return a conformed copy in the enclosed, stamped, self-addressed envelope.

Should you have any questions or problems with the enclosed, please immediately contact the undersigned at (407) 238-2232.

Sincerely,

*Anna M. DiRocco*  
Anna M. DiRocco  
Paralegal

/amd

enclosures

FILED  
1995 FEB 27 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2-16-95a  
~~789 501~~  
~~855 1717.6718~~  
~~W95000003633~~



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

February 16, 1995

ANNA M. DIROCCO, PARALEGAL  
POST OFFICE BOX 22069  
LAKE BUENA VISTA, FL 32830-2069

SUBJECT: FALL CREEK RESORT, L.P.  
Ref. Number: W95000003633

We have received your document for FALL CREEK RESORT, L.P. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must add a limited partnership suffix to the name, such as LTD., LIMITED, or LIMITED PARTNERSHIP.

Every corporation, limited partnership, general partnership, or trust listed as a general partner of a limited partnership or a managing member or manager of a limited liability company must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6920.

Ava Watson  
Corporate Specialist

Letter Number: 095A00007103

*Attached  
is the application  
of the general partner of  
the LP + ID/B in Florida.  
PLEASE provide confirmation  
of the filing of the attached  
in the envelope provided  
Thank you  
ANNA DIROCCO  
2/23/95*

Florida Department of State, Jim Smith, Secretary of State

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP  
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Fall Creek Resort, L.P., Limited Partnership, a Georgia  
(Name of limited partnership as it is in the home state; limited partnership

2. B95000000012  
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Georgia  
(State of Formation)

4. July 28, 1992  
(Date of Formation)

5. Genevieve Giannoni  
(Name of Registered Agent for Service of Process)

6. 8651 Treasure Cay Lane  
(Street Address of Registered Office)

Lake Buena Vista, Florida 32830  
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

[Signature]  
(Agent must sign on this line)

8. 127 Peachtree Street, N.E., The Candler Bldg., 16th FL, Atlanta, GA 30303  
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

**9. NAME OF GENERAL PARTNERS**

**SPECIFIC ADDRESS**

Argosy Branson, Inc.

2934 Woodside Road  
Woodside, CA 94062

10. c/o Schreeder, Wheeler & Flint, The Candler Bldg., 16th FL  
127 Peachtree Street, N.E., Atlanta, GA 30303  
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. One Fall Creek Drive, Branson, MO 65616  
(Mailing Address of Limited Partnership)

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1995 FEB 27 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This 27th day of January, 19 95.  
Argosy Branson, Inc., general partner

By: General Partner  
Genevieve Giannoni, Vice President of Operations/Assistant Secretary

STATE OF FLORIDA

COUNTY OF ORANGE

THE FOREGOING instrument was acknowledged and sworn to before me this 27th day  
of January, 19 95, by Argosy Branson, Inc. (Name of General Partner) of  
Genevieve Giannoni

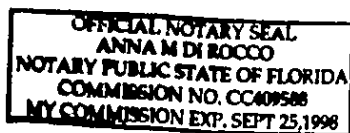
Fall Creek Resort, L.P.  
(Name of Limited Partnership), A Georgia (State or Country) Limited  
Partnership, on behalf of the Limited Partnership.

Anna M. Di Rocco  
Notary Public

State of Florida at Large

(SEAL)

My Commission Expires: \_\_\_\_\_



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned, personally appeared Argosy Branson, Inc., a general partner of Fall Creek Resort, L.P., a (an) Georgia, limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 990.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ -0-.

This 27th day of JANUARY, 1995.

**FURTHER AFFIANT SAYETH NOT.**

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

By: [Signature]  
General Partner  
Argosy Branson, Inc., General Partner  
Genevieve Giannoni, Vice President of Operations/  
Assistant Secretary

STATE OF FLORIDA  
COUNTY OF ORANGE  
DATE 1/27/95

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Genevieve Giannoni - for - (General Partner, known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 27th day of JANUARY, 1995.

Seal

State of Florida at Large

My Commission Expires:

OFFICIAL NOTARY SEAL  
ANNA M DI ROCCO  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION NO. CC409588  
MY COMMISSION EXP. SEPT 25, 1998

FILED  
1995 FEB 27 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 JAN -3 PM 2:15

1. Name of Limited Partnership:

1a. DOCUMENT #  
B95000000072

FALL CREEK RESORT, L.P., LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. Name and Address, if Applicable  
12016 Turtle Cay Circle  
Legal Administration Dept.  
Orlando, Florida 32836  
2a. Name and Address, if Applicable  
12016 Turtle Cay Circle

Mailing Address

8851 TREASURE CAY LANE  
LAKE BUENA VISTA FL 32830

Principal Office Address

8851 TREASURE CAY LANE  
LAKE BUENA VISTA FL 32830

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in  
FLORIDA  
02/27/1995

3a. Date of Last Report

4. State or Country of Formation

GA

5. Apt. #, etc.

Legal Administration Dept.

City, State & Zip

Orlando, Florida 32836

5a. Capital Contributions as Shown  
on Record

\$0.00

5b. Amount of Capital Contributions in  
FLORIDA to date

6. FEI Number

94-3163201

Applied For

Not Applicable

7. CLARIFICATION OF STATUS REQUIRED

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.  
2.) Supplemental Fee: \$138.75 (pursuant to section 807.193, F.S.)  
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)  
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.  
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

GIANNONI, GENEVIEVE  
8851 TREASURE CAY LANE  
LAKE BUENA VISTA FL 32830

10. If changed, new Registered Agent/Office

Name  
Giannoni, Genevieve  
Street Address (P.O. Box Number is Not Acceptable)  
12016 Turtle Cay Circle  
Suite, Apt. #, etc.  
Legal Administration Department  
City  
Orlando, FL Zip Code  
32836

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 December, 1995

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

ARGOSY BRANSON, INC.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

2834 WOODSIDE ROAD

11b. City, State & Zip Code

WOODSIDE CA 94062

11c. Registration/  
Document Number

F85000000063

500001686345  
-01/11/96--01022--022  
\*\*\*\*191.25 \*\*\*\*191.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I go 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.

By: Argosy Branson, Inc., general partner

SIGNATURE

Charles C. Frey, Vice President/Treasurer

DATE December 14, 1995

Telephone Number 407-238-2300

Typed or Printed Name of General Partner Signing Form