

B9500000072



An Argosy Group Resort

CYPRESS POINTE RESORT
AT LAKE BUENA VISTA
8451 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
Paralegal

/amd

enclosures

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

2-16-95a
~~789 507~~
~~855 1717.677~~
~~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 envelope provided. Thank you
AWA Dilated
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)

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

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

By: [Signature]
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.

[Signature]
Notary Public
State of Florida at Large
My Commission Expires:

(SEAL)

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

OFFICIAL NOTARY SEAL
ANNA M DI ROCCO
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC609586
MY COMMISSION EXP. SEPT 25, 1996

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

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

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

[Signature]
 Notary Public

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

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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

1. Name of Limited Partnership: **FALL CREEK RESORT, L.P., LIMITED PARTNERSHIP**
1a. DOCUMENT # **B9500000072**

DO NOT WRITE IN THIS SPACE

Mailing Address: **8851 TREASURE CAY LANE LAKE BUENA VISTA FL 32830**
Principal Office Address: **8851 TREASURE CAY LANE LAKE BUENA VISTA FL 32830**

2. Name and Address, if Applicable: **12016 Turtle Cay Circle Legal Administration Dept. Orlando, Florida 32836**
2a. Name and Address, if Applicable: **12015 Turtle Cay Circle**

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: **GA**
4. State or Country of Formation: **GA**
City, State & Zip: **Orlando, Florida 32836**

5a. Capital Contributions as Shown on Record: **\$0.00**
5b. Amount of Capital Contributions in FLORIDA to date: **94-3163201**
6. FEI Number: **94-3163201**
7. CLARIFICATE OF STATUS REQUIRED: **Not Applicable**

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: **Giannoni, Genevieve 12016 Turtle Cay Circle Legal Administration Department Orlando, FL 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
ARGOSY BRANSON, INC.	2834 WOODSIDE ROAD	WOODSIDE CA 94082	F8500000083 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 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*
Charles C. Frey, Vice President/Treasurer
DATE: **December 14, 1995**
Telephone Number: **407-238-2300**

CR2E003 (6/95)