

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

156-75
FILED

97 DEC 29 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
B96000000292

CHARLOTTE GOLF MANAGEMENT LIMITED PARTNERSHIP

Mailing Address

22 SUNNINGDALE LANE
GROSSE POINTE SHORES MI 48236

Principal Office Address

22 SUNNINGDALE LANE
GROSSE POINTE SHORES MI 48236

2. Mailing Address

22 SUNNINGDALE DRIVE
Suite, Apt. #, etc.

2a. Principal Office Address

22 SUNNINGDALE DRIVE
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

07/26/1996

3a. Date of Last Report

03/14/1997

4. State or Country of Formation

MI

6. FEI Number

38-3306355

7. Certificate of Status Desired

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as Shown on record

\$200.00

5b. Amount of Capital Contributions in FLORIDA to date

☐ Applied For
☐ Not Applicable

\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent

BRUNSON, JOHN M
1474 JORDAN HILLS COURT
CLEARWATER FL 34616

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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)

CHARLOTTE GOLF MANAGEMENT CO

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

22 SUNNINGDALE LANE

11b. City, State & Zip Code

GROSSE POINTE SHORES

11c. Registration/Document Number

F96000003796

100002399731--4
-01/14/98--01054--005
****156.25 ****156.25

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

Wayne T. Wallrich, President

DATE

12/14/97

Typed or Printed Name of General Partner Signing Form

WAYNE T. WALLRICH, PRESIDENT

Daytime Telephone Number

(313)343-0498

CR2E003 (6/97)