



FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 JAN -5 PM 3:51	
1. Name of Limited Partnership GOLF TRUST OF AMERICA, L.P.		1a. DOCUMENT # B97000000595			
Mailing Address 14 NORTH NORTH ADGER'S WHARF CHARLESTON SC 29401		Principal Office Address 14 NORTH NORTH ADGER'S WHARF CHARLESTON SC 29401		3. Date Formed or Registered 10/31/1997	
2. Mailing Address 14 NORTH ADGER'S WHARF Suite, Apt. #, etc.		2a. Principal Office Address 14 N. ADGERS WHARF Suite, Apt. #, etc.		3a. Date of Last Report 01/20/1998	
City & State CHARLESTON, SC		City & State CHARLESTON, SC		4. State or Country of Formation DE	
Zip 29401		Zip 29401		5a. Capital Contributions as Shown on record. \$5,700,000.00	
Country USA		Country USA		5b. Amount of Capital Contributions in FLORIDA to date: \$500,000,000	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL		6. FEI Number 58-2288961 7. Certificate of Status Desired 8. Make check payable to: Dept. of State (See reverse side for fee information)	
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.		10b. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL		400002738964--8 -01/13/99-01009-004 ***\$535.00 ***\$535.00 FL	
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) GTA GP, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 14 NORTH-NORTH ADGER'S WHARF CHARLESTON SC 29401		11b. City, State & Zip Code CHARLESTON SC 29401	
11c. Registration/ Document Number F97000005832					
*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 Typed or Printed Name of General Partner Signing Form		SCOTT D. PETERS		DATE 12-30-98 Daytime Telephone Number 843-723-4653	

CR2E003 (8/98)