2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE:

DOCUMENT # B9900000193 04 JUL -2 PH 12: 02 1. Entity Name FOREST GLEN GOLF COMMUNITY LIMITED PARTNERSHIP Principal Place of Business Mailing Address C/O THE CORPORATION TRUST COMPANY 13155 NOEL ROAD, SUITE 2400 1209 ORANGE STREET DALLAS, TX 75240 WILMINGTON, DE 19801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262004 CR2E003 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable 59-3521047 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6.-Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM -Street Address (P.O. Box Number is Not Acceptable) -1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. DATE 10. Amount of Capital Contributions 9. Capital Contributions \$1,500,000.00 in FLORIDA to date. as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. M99000000694 DOCUMENT # STREET ADDRESS WESTBROOK FOREST GLEN, L.L.C. NAME STREET ADDRESS 13155 NOEL ROAD, SUITE 2400 CITY-ST-ZIP CITY-ST-ZIP DALLAS, TX 75240 **2000395363** 26/04--01069--009 P97000048233 DOCUMENT# :: STREET ADDRESS RONTO GOLF ESTATES, INC. NAME 3185 HORSESHOE DRIVE SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34104 20003:953£ DOCUMENT # 07/26/04--01069--010 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCEMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GTY-ST-ZIP 1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee eppowered to execute this report as required by Chapter 620, Florida Statutes

URE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED