


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
99 APR -8 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company WEITZ GOLF INTERNATIONAL, L.L.C. 11760 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408	DOCUMENT # M98000001311
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1a. Principal Place of Business Address 11760 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408

2. Principal Place of Business 11780 U.S. Highway One Suite, Apt. #, etc.	2a. Mailing Address 11780 U.S. Highway One Suite, Apt. #, etc.
City & State North Palm Beach, FL	City & State North Palm Beach, FL
Zip 33408 Country USA	Zip 33408 Country USA

3. Date Organized or Qualified 11/06/1998	3a. State of Formation IA
4. FEI Number 42-1479144	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent KOEPNICK, JIM 11760 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408

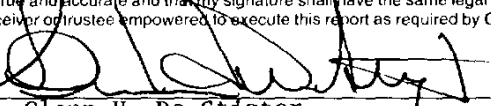
8. Name and Address of New Registered Agent/Office Name Jim Koepnick Street Address (P.O. Box Number is Not Acceptable) 11780 U.S. Highway One Suite, Apt. #, etc. City North Palm Beach FL Zip Code 33408
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9. Pursuant to the provisions of Sections 608.418 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when filed through)</small>	DATE 2/22/99
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10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	OGGERO, RICHARD J	400 LOCUST STREET, SUITE 300	DES MOINES IA 50309
MGR	DESTIGTER, GLENN H	400 LOCUST STREET, SUITE 300	DES MOINES IA 50309

62-14-99

11. I do 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.
SIGNATURE:  Glenn H. Destigter