


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # A05000000705


1. Entity Name
COW BONE SLOUGH, LLLP



Principal Place of Business
**3001 TAMIAMI TRAIL NORTH, STE 207
 NAPLES, FL 34103**

Mailing Address
**3001 TAMIAMI TRAIL NORTH, STE 207
 NAPLES, FL 34103**

DO NOT WRITE IN THIS SPACE



03212007 No Chg-LP CR2E003 (12/06)

4. FE# Number 65-0271002	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PERKOVICH, JOSEPH I
 THE COLLIER FAMILY OFFICE
 3001 TAMIAMI TRAIL NORTH, STE 207
 NAPLES, FL 34103**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P98000047706
NAME	MCC MANAGEMENT OF NAPLES, INC.
STREET ADDRESS	3001 TAMIAMI TRAIL NORTH, STE 207
CITY-ST-ZIP	NAPLES, FL 34103
DOCUMENT #	P02000081452
NAME	BGC II MANAGEMENT OF NAPLES, INC.
STREET ADDRESS	3001 TAMIAMI TRAIL NORTH, STE 207
CITY-ST-ZIP	NAPLES, FL 34103
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U00000752617
 05/21/07-80023-009 500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **PROS** 4/11/07 239-435-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #