


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Jan 17, 2008 08:00 AM
Secretary of State**

DOCUMENT # A33020 1. Entity Name NATIONAL FAIRWAYS, LTD.	
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Principal Place of Business P.O. BOX 930 SANIBEL, FL 33957	Mailing Address P.O. BOX 930 SANIBEL, FL 33957
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0313584	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KENT, ROBERT
2665 WEST GULF DRIVE
#2
SANIBEL, FL 33957-0930

**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 _____ U00000788180
01/18/08-80030-004 500.00
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P39113 FAIRWAYS GENERAL PARTNER, INC. 2665 W. GULF DR. #2 SANIBEL, FL 33957
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IN THIS SPACE**

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:  **R N KENT** 1-14-08 2394723450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #