




2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 21 PM 3: 50

DOCUMENT # A00983 1. Entity Name BUCCANEER'S ROOST LTD.					
Principal Place of Business C/O COLONIAL SQUARE, 1164 GOODLETTE ROAD NAPLES, FL 34102			Mailing Address P.O. BOX 10608 NAPLES, FL 34101		
2. Principal Place of Business - No P.O. Box # 1112 Goodlette Rd.		3. Mailing Address Suite, Apt. #, etc.			
City & State Naples, FL		City & State		4. FEI Number 59-6217431	
Zip 34101		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VEGA, GEORGE, JR. 2660 AIRPORT RD. NAPLES, FL 34112				7. Name and Address of New Registered Agent Name Colonial Square Realty INC Street 1048 Goodlette Rd, Suite 201 City Naples FL Zip 34102	
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  Clifford Olson DATE 4/7/08					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00					
600123957316 04/18/08--01006--014 **500.00					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
L39663 COLONIAL SQUARE REALTY, INC. 1164 GOODLETTE RD. NAPLES, FL 34102			1048 Goodlette Rd., Suite 201 Naples, FL 34102		
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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:  Clifford Olson DATE 4/7/08					

STAPLE CHECK HERE

239-261-2627