


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
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2. Principal Place of Business - No P.O. Box # 1112 Goodlette Rd.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Naples, FL	City & State
Zip 34101	Country

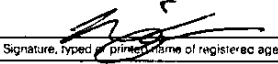


03192008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-6217431	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 VEGA, GEORGE, JR. 2660 AIRPORT RD. NAPLES, FL 34112		7. Name and Address of New Registered Agent Name: Colonial Square Realty <i>INC</i> Street: 1048 Goodlette Rd, Suite 201 City: Naples FL Zip: 34102	
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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	
DOCUMENT #	L39663
NAME	COLONIAL SQUARE REALTY, INC.
STREET ADDRESS	1164 GOODLETTE RD.
CITY-ST-ZIP	NAPLES, FL 34102
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	1048 Goodlette Rd., Suite 201
CITY-ST-ZIP	Naples, FL 34102
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: 4/7/08 239-261-2627

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

STAPLE CHECK HERE