


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # A01000001510	
1. Entity Name CAYO GRANDE NAVARRE DEVELOPMENTS, LTD.	

Principal Place of Business 819 PINEDALE ROAD FT. WALTON BEACH, FL 32547	Mailing Address 819 PINEDALE ROAD FT. WALTON BEACH, FL 32547
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02222007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3756562	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	
LARSON, LOWELL C JR. 819 PINEDALE ROAD FT. WALTON BEACH, FL 32547	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 #	NAME
STREET ADDRESS	819 PINEDALE ROAD
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547
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	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	U00000679257
CITY-ST-ZIP	04/03/07-80030-020-500.00
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/21/07 868 3243
Date Daytime Phone #

Lowell C Larson, Jr

STAPLE CHECK HERE