


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Feb 15, 2007 08:00 AM
Secretary of State

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| DOCUMENT # A02000000624 1. Entity Name AMELIA ISLAND YACHT BASIN, LTD. |  |
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| Principal Place of Business 1200 RIVERPLACE BOULEVARD, SUITE 902 JACKSONVILLE FL 32207 | Mailing Address 1200 RIVERPLACE BOULEVARD, SUITE 902 JACKSONVILLE FL 32207 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip |
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1st MOORE CR2E003 (10/06)

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| 4. FEI Number 03-0430633 | 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 FRANKLIN, BEN T JR. 1200 RIVERPLACE BOULEVARD, SUITE 902 JACKSONVILLE FL 32207 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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 | L02000009647 AMELIA ISLAND YACHT BASIN, LLC 1200 RIVERPLACE BOULEVARD, SUITE 902 JACKSONVILLE FL 32207 | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | U00000637667 02/26/07-80069-009 550.00 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
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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:  **- DANIEL J. GALLAGHER** **2/15/07 907-277-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

9615