

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

500.00

DOCUMENT # A02000001693

1. Entity Name
BEACHCOMBER PROPERTIES, LLLP



Principal Place of Business
**129 CASEY KEY ROAD
 NOKOMIS, FL 34275**

Mailing Address
**129 CASEY KEY ROAD
 NOKOMIS, FL 34275**

FILED

2007 MAY 18 P 3:53

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292007

Chg-LP

CR2E003 (12/06)

4. FEI Number
56-2309841

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BEACHCOMBER MANAGEMENT COMPANY
 129 CASEY KEY ROAD
 NOKOMIS, FL 34275**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**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 # **P02000128901**
 NAME **BEACHCOMBER MANAGEMENT COMPANY**
 STREET ADDRESS **129 CASEY KEY ROAD**
 CITY-ST-ZIP **NOKOMIS, FL 34275**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**700103591677
 05/31/07--01007--014 **1650.00**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

Tekla Anne Dragan

TEKLA ANNE DRAGAN

4/19/07

941-488-0715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE