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	PLEASE READ A	ALL INSTRUCTI	ONS BEFOR	RE COMPLETI	NG THIS FO	RMILE	U DE DE
LIMITED PARTNERSI REINSTATEM	GENERAL ACTION	FLORIDA DEPART Secretary DIVISION OF CO	of State	ΤE	DIVISION UE SEP	OF COF	D OF STATE RPORATIONS I M 10: 35
DOCUMENT 1. Name of Limited Part Port Roy	A020000						
2. Principal Office Address 1100 6th Ave S		3. Malling Office Address			CR2E039	(11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Forme	ed or Registered	(11100)	
#202 City & State Naples, FL		City & State		5. FEI Number	ness in Florida r -1863422	12/26	Applied For
Zip 34102	Country U.S	Zip	Country	6.	OF STATUS DESIRED		Not Applicable Additional Fee required Certificate of Status
1100 6th Suite, Apt. #, Etc. City Naples 9. Pursuant to the provisis Florida Statutes. SIGNATURE (Registered Ag	n Ave S #20 Ave S #20 ons of section 620.1810 or 620. PARTNER THAT I	State FL 1909, Florida Statutes, I hereby	Zip Code 3 4 1 0 2 v accept the appointment ISTERED AGENT MUST	Supplementa Penalty Fee(spartnership repartnership repartn	7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records STATE THERSHIP OR OTHER BUSINESS ENTITY WITH THIS OFFICE.		
10. Name(s) of General Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State ar	nd Zip Code	10a.	Registration Document Number
Furtado	, Rick	1100 6t #202	h Ave S	Naples, 리기	FL 34102 000807 2/0601058	1815 -009	3 04 **500.00
	partners MAY NOT						-
corporations from a on this annual regord trustee empowerfed to SIGNATURE	hat the information supplied with y liability of non-compliance with is true and acculate and that the to selected this repair as required second that the second seco	n Chapter 119, F.S. in the event signature shall have the same	that the information supplegal effects as if made under the state of t	plied is deemed exempt from nder oath, i further certify that	n public access. I further at I am a General Partner of	certify that the	e information indicated
Typed or Printed Name of G	eneral raidiet Signirig Form			Tel	lephone Number		· + ///

PORT ROYAL YACHTS, LP 1100 6TH AVENUE SOUTH, # 202 NAPLES, FLORIDA 34102

September 20, 2006

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Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: 2006 Annual Report

Dear Department of State Representative:

Enclosed is a check for \$500. I respectfully request that you accept our enclosed payment and not charge me a late filing fee for sending this form in after May 1, 2006. The reason for not filing on time was due to a serious illness. I was in chemotherapy for about six months at the beginning of the year and was unable to file on time. I did not have help at the office and could not carry on with normal business activities. I'm now recuperating and trying to get organized.

Please abate all penalties and accept the enclosed payment of \$500.

Thank you for your time and consideration in this matter.

Rick Furtado