

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -06 PM 1:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04182006 Chg-LP CR2E003 (11/05)

DOCUMENT # A03000000205
 1. Entity Name
SARASOTA BAY CLUB MANAGEMENT, LLLP



Principal Place of Business
**1226 NORTH TAMiami TRAIL., SUITE 100
 SARASOTA, FL 34236**

Mailing Address
**1226 NORTH TAMiami TRAIL., SUITE 100
 SARASOTA, FL 34236**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
APPLIED FOR

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PATTERSON, GREGORY L
 1226 NORTH TAMiami TRAIL., SUITE 100
 SARASOTA, FL 34236**

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 file if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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	CITY-ST-ZIP
	ROSKAMP, ROBERT G	1226 NORTH TAMiami TRAIL., SUITE 100	SARASOTA, FL 34236
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

100074761781
 05/17/06--01034--001 **500.00

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: Robert G. Roskamp **Robert G. Roskamp** 4/26/06 941-954-1111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE