

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000393



1. Entity Name
SAN CARLOS SIX ACRES, LTD.

Principal Place of Business Mailing Address
C/O PELICAN BAY DEVELOPMENTS, INC. **C/O PELICAN BAY DEVELOPMENTS, INC.**
26381 SOUTH TAMiami TRAIL, SUITE 300 **26381 SOUTH TAMiami TRAIL, SUITE 300**
BONITA SPRINGS, FL 34134 **BONITA SPRINGS, FL 34134**

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

01102007 Chg-LP CR2E003 (12/06)

4. FEI Number Applied For
61-1468949 Not Applicable

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

6. Name and Address of Current Registered Agent

CONROY, J. THOMAS III
2640 GOLDEN GATE PKWY., STE. 115
NAPLES, FL 3415

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 # L03000001692
NAME GRAND BAY DEVELOPMENT/GP, LLC
STREET ADDRESS 26381 SOUTH TAMiami TRAIL, SUITE 300
CITY - ST - ZIP BONITA SPRINGS, FL 34134

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

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50102539335
05/15/07--01049--012 **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE