

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

**DOCUMENT # A03000000995**

1. Entity Name

FLORIDA COUNTRY CLUB PROPERTIES, LTD.



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY 22 PM 3:51

Principal Place of Business

5150 PALM VALLEY RD  
SUITE 208  
PONTE VEDRA BEACH FL 32082

Mailing Address

2525 COUNTRY CLUB BLVD  
ORANGE PARK FL 32073-5711



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-0091035

Applied For

Not Applicable

Zip

Country

Zip

Country

1st MOORE

CR2E003 (10/07)

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

KEASLER LAW FIRM  
10407 CENTURION PKWY N #112  
JACKSONVILLE FL 32256

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 date if applicable

DATE

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, 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

DOCUMENT # P03000075673  
NAME AR CLUB MANAGEMENT, INC.  
STREET ADDRESS 2525 COUNTRY CLUB BLVD.  
CITY-ST-ZIP ORANGE PARK FL 32073

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

400130087804  
05/22/08--01024--006 \*\*\$87.50

DOCUMENT #  
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STREET ADDRESS  
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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:

*Clark Coogan* CLARK COOGAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/20/08

904.349.4245

ASST CONTROLLER

Daytime Phone \*

STAPLE CHECK HERE