

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

DOCUMENT # A03000001185

1. Entity Name
**NEBUS FAMILY LIMITED PARTNERSHIP PHASE TWO,
LTD.**



Principal Place of Business
**3100 NORTH ROAD
NAPLES, FL 34104**

Mailing Address
**3100 NORTH ROAD
NAPLES, FL 34104**

FILED

2007 APR 30 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282007 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number

54-2129505

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, JAMES C JR
9180 GALLERIA COURT
NAPLES, FL 34109**

Name

DONELOW, THOMAS

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

7711 N. MILITARY TRAIL

STE. 203

City

WEST PALM BEACH

FL

Zip Code

33410

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]

THOMAS DONELOW

4/27/07

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P04000007546**
NAME **ROCK CREEK PHASE II CORPORATION**
STREET ADDRESS **3100 NORTH ROAD**
CITY-ST-ZIP **NAPLES, FL 34104**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400101854664
05/08/07--01042--007 **\$500.00

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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]

**VILE PRES,
CORPORATE GEN. PARTNER 4/28/08**