

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

**DOCUMENT # A03000001187**

1. Entity Name  
**NEBUS FAMILY LIMITED PARTNERSHIP PHASE ONE, 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

54-2129504

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  
 STEWART & STORTER, ATTORNEYS AT LAW  
 9180 GALLERIA COURT, SUITE 700  
 NAPLES, FL 34109

Name

**DONELON, THOMAS**

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

**7711 N. MILITARY TRAIL**

**SE, 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, typed or printed name of registered agent and title if applicable.

**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 # P04000007542  
 NAME ROCK CREEK PHASE I 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

**800101854619**  
**05/08/07--01042--006 \*\*500.00**

DOCUMENT #  
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 STREET ADDRESS  
 CITY-ST-ZIP

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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]*

**JOANNE NEBUS** 4/28/07  
**V.P., GEN. PARTNER**