

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A04000000390

1. Entity Name
LOGGERHEAD MARINA & CLUB, LTD.



FILED

2007 APR 30 AM 10:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business
**630 MAPLEWOOD DRIVE
100
JUPITER, FL 33458**

Mailing Address
**630 MAPLEWOOD DRIVE
100
JUPITER, FL 33458**

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

04142007 Chg-LP CR2E003 (12/06)

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

**TAYLOR, WILLIAM E
630 MAPLEWOOD DRIVE
100
JUPITER, FL 33458**

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 title if applicable

**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 #	P04000042543	STREET ADDRESS	
NAME	LOGGERHEAD MARINA & CLUB INC.	CITY-ST-ZIP	
STREET ADDRESS	630 MAPLEWOOD DRIVE, #100		
CITY-ST-ZIP	JUPITER, FL 33458		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

**800101852498
05/08/07-01040-003 **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 William E. Taylor **William E Taylor CFO** **4-16-07** **561-625-9443**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Davita's Phone #