


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -7 PM 1:53

DOCUMENT #A04000001386 1. Entity Name BEACHCOMBER OUTDOOR RESORT, LTD.	
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Principal Place of Business 2365 US HWY 27 N MOORE HAVEN, FL 33471	Mailing Address P.O. BOX 305 MOORE HAVEN, FL 33471
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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



04232008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3173202	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALEXANDER, J. STEPHEN 19 OLD MISSION AVENUE ST. AUGUSTINE, FL 32084	7. Name and Address of New Registered Agent Name <u>Robert L. Joyner</u> Street Address (P.O. Box Number is Not Acceptable) <u>2365 US HWY 27 N</u> City <u>Moore Haven</u> <u>FL</u> Zip Code <u>33471</u>
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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 Robert L. Joyner DATE 4/26/08

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 #	P0400087025	STREET ADDRESS	
NAME	BEACHCOMBER OUTDOOR RESORT, INC.	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 305		
CITY-ST-ZIP	MOORE HAVEN, FL 33471		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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 05/01/08--01043--006 **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] DATE 4/26/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE