

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

**FILED**  
**Feb 22, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A04000001950**

1. Entity Name  
**CRESCENT BEACH INVESTMENT LIMITED  
PARTNERSHIP**



Principal Place of Business  
**PMB 439, 1093 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080**

Mailing Address  
**PMB 439, 1093 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080**



02162007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1978185</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CRESCENT BEACH INVESTMENT MANAGEMENT, LLC  
7418 A1A SOUTH  
ST. AUGUSTINE, FL 32080**

**DO NOT WRITE  
IN THIS SPACE**

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

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**

DOCUMENT #	<b>L04000088429</b>
NAME	<b>CRESCENT BEACH INVESTMENT MANAGEMENT, LLC</b>
STREET ADDRESS	<b>7418 A1A SOUTH</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32080</b>

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000644102  
03/02/07-80029-004 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Ronald W. San Martin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/16/07 678-427-5607  
Date Daytime Phone #

STAPLE CHECK HERE