

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 27 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A05000000035

1. Entity Name
BEACHSIDE RESORTS REALTY, LIMITED PARTNERSHIP



Principal Place of Business
**17799 PANAMA CITY BEACH PKWY.
PANAMA CITY BEACH, FL 32413**

Mailing Address
**17799 PANAMA CITY BEACH PKWY.
PANAMA CITY BEACH, FL 32413**



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

3. Mailing Address
85-A Mill Street

01102007 Chg-LP CR2E003 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 200

City & State

City & State
Roswell GA

4. FEI Number
20-2082086

Applied For
Not Applicable

Zip Country

Zip Country
30075

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

**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD, #221E
PALM BEACH GARDENS, FL 33410**

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

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 # **P04000097056**
NAME **BEACHSIDE RESORTS, INC.**
STREET ADDRESS **17799 PANAMA CITY BEACH PKWY.**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**600095695616
04/03/07--01052--009 **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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/07

Date

(850) 236-0750

Daytime Phone #

STAPLE CHECK HERE