2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006

STAPLE CHECK HERE



SECRETARY OF STATE

DOCUMENT # A0500000310 1. Entity Name WATER CLUB PARTNERS, LTD.							06 APR 24	ORPOR) AH :	Тіонs 14	
Principal Place of Business Mailing Address						1				
444 SEABRE Daytona be				44 SEABREEZE BLVD., SUITE 600 Aytona Beach, FL 32118			I BI BILIN BRIKI BBIKI BBIKI	ORISI RESII ERIDE	41)D1 (18/4 BB)(8/1) B1 (B3)	
2. Principal P	Place of Busin	ness	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Chg-LP	CR2E003	3 (11/05)	
City & State			City & State	City & State		4. FEI Number			Applied For Not Applicable	
Zip		Country Zip Co		Coun	itry	5. Certificate of	Status Desired		3.75 Additional e Required	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
JENKINS, PATRICIA S 444 SEABREEZE BLVD., SUITE 600					Street Address (P.O. Box Number is Not Acceptable)					
DAYTONA BEACH, FL 32118										
					City	rl				
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, 2006, 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 CHA			
OOCUMENT / NAME	L01000014524 ROLF H. GARDEY, L.L.C.				ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	l	BREEZE BLVD., SUI A BEACH, FL 32118		CITY	-ST-ZIP					
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14. I hereby certify that the information supplied with this filling 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 regor as required by Chapter 620, Florida Statutes										
SIGNATURE: ### 386-238-7400 SIGNATURE AND TYPED OF PRINTED PAME OF SIGNING GENERAL PARTNER 4 12 06 Date Dayline Phone 9										
		SIGNATURE AND TYPE	U OR PRINTED JAME OF SIGNING G	ENEKAL PARTNI	:R		Dale	Dayti	me rnone #	