2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED **DOCUMENT # A05000000310** 1. Entity Name 2007 APR 23 AM 10: 49 WATER CLUB PARTNERS, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 444 SEABREEZE BLVD., SUITE 600 444 SEABREEZE BLVD., SUITE 600 DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 01252007 CR2E003 (12/06) Chg-LP City & State City & State Applied For 4. FEI Number APPLIED FOR Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JENKINS, PATRICIA S 444 SEABREEZE BLVD., SUITE 600 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH, FL 32118 City Zip Code FL 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 diapplicable 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 13. ADDRESS CHANGES ONLY L01000014524 DOCUMENT # STREET ADDRESS ROLF H. GARDEY, L.L.C. NAME STREET ADDRESS 444 SEABREEZE BLVD., SUITE 600 CHY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH, FL 32118 DOCUMENT # STREET ADDRESS NAME STREL1 ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>000101352910</u> 05/03/07--01017--022 **\$00,00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STRELT ADDRESS CITY-ST-ZIP CHY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-S1-ZIP CITY-ST-7/P 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 employeed to execute this paper as required by Chapter 620, Florida Statutes 14-03.01 SIGNATURE: L SIGNATURE AND TYPED OR PA ED NAME OF SIGNING GENERAL PARTNER Daytime Phone