2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

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**SIGNATURE:** 

## SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A05000000566 1. Entity Name FORT LAUDERDALE BOATCLUB, LTD. 06 APR -7 AM 8: 23 Principal Place of Business Mailing Address 5020 TAMIAMI TRAIL NORTH, SUITE 106 5020 TAMIAMI TRAIL NORTH, SUITE 106 NAPLES FL 34103 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E003 (10/05) Number City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUFF, EDWARD J 5020 TAMIAMI TRAIL NORTH, SUITE 106 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34103 City 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 little if applicable FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State. 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 ADDRESS CHANGES ONLY DOCUMENT # L98000000839 STREET ADDRESS NAME BOATCLUBSAMERICA, LLC STREET ADDRESS 5020 TAMIAMI TRAIL NORTH, SUITE 106 CITY-ST-ZIP 600070461826 04/14/08--01052--013 \*\*508.75 CITY-ST-ZIP NAPLES FL 34103 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP OUGULATAL V STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME # STREET ADDRESS CITY-ST-ZIP CITY-ST-⊈IP 14. Thereby 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

Edward J. Ruff, Mgr

G GENERAL PARTNER

3/1/06

Date

(239)430-2582

Onytime Phone #