


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

DOCUMENT # A05000000566		
1. Entity Name FORT LAUDERDALE BOATCLUB, LTD.		

Principal Place of Business 5020 TAMiami TRAIL NORTH, SUITE 106 NAPLES FL 34103	Mailing Address 5020 TAMiami TRAIL NORTH, SUITE 106 NAPLES FL 34103
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  RUFF, EDWARD J 5020 TAMiami TRAIL NORTH, SUITE 106 NAPLES FL 34103	
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**FILED**

2007 APR 17 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/06)

4. FEI Number 20-2545800	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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.

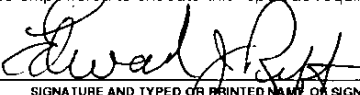
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L98000000839	STREET ADDRESS	
NAME	BOATCLUBSAMERICA, LLC	CITY - ST - ZIP	
STREET ADDRESS	5020 TAMiami TRAIL NORTH, SUITE 106		
CITY - ST - ZIP	NAPLES FL 34103		
DOCUMENT #		STREET ADDRESS	900101613979
NAME		CITY - ST - ZIP	05/04/07-01046-005 **508.75
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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:**  Edward J. Ruff 3/23/07 239-430-2582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE