2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2007 Feb 08, 2007 08:00 AM **DOCUMENT # A05000000785 Secretary of State** SOUTH HARBOR LIMITED PARTNERSHIP Principal Place of Business Mailing Address 24 DOCKSIDE LANE, PMB 41 24 DOCKSIDE LANE, PMB 41 KEY LARGO, FL 33037 KEY LARGO, FL 33037 02052007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2738979 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6 Name and Address of Current Registered Agent MACAULAY, ROBERT DO NOT WRITE 2525 PONCE DE LEON BLVD., SUITE 400 MIAI, FL 33134 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. 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. GENERAL PARTNER INFORMATION 12. P05000056091 GOCUMENT # TARPON CREEK HOLDINGS, INC. STREET ADDRESS 24 DOCKSIDE LANE, PMB 41 U00000628406 02/16/07-80013-018 500.00 CITY-ST-ZIP KEY LARGO, FL 33037 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT A NAME DO NOT WRITE STREET ADDINESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT

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: 5

NAME STREET ADDRESS CSTY - ST - ZIP DOCUMENT # NAME STREET ADDRESS

NATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTHER

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