### 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 12, 2008

#### DOCUMENT # A0500001655

1. Entity Name

TWO SEAS LIMITED WEST



Jul 11, 2008 08:00 AM Secretary of State

Principal Place of Business 2543 ROCKFILL ROAD FORT MYERS, FL 33916 Mailing Address 2543 ROCKFILL ROAD FORT MYERS, FL 33916



## DO NOT WRITE IN THIS SPACE

07072008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-3364797

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITESMAN, GUY E 1715 MONROE STREET FORT MYERS, FL 33901

# DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits thi the obligations of registered agent.</li></ol>	s statement for the p	ourpose of changing its regi	stered office or registered ago	ent, or both, in the S	State of Florida. I am familiar with, and accept		
CIONATURE					. •		

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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.

ı	12.	GENERAL PARTNER INFORMATION
Į	DOCUMENT #	L05000083298
1	NAME	LEE J. CROWTHER, SR., II, LLC
	STREET ADDRESS	2543 ROCKFILL ROAD
-	CITY-ST-ZIP	FORT MYERS, FL 33916
ł	DOCUMENT #	
	NAME	
	STREET ADDRESS	
-[	CITY-ST-ZIP	
	DOCUMENT #	
	NAME	
ł	STREET ADDRESS	
	CITY-ST-ZIP	•
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П	STREET ADDRESS	

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## DO NOT WRITE IN THIS SPACE

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:

CITY-ST-ZIP

DOCUMENT / NAME

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT / NAME

STREET ADDRESS
CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/7/0

239-337-1300

Daytime Phone #