

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000002234

**FILED**  
**May 01, 2008**  
**Secretary of State**

**Entity Name:** ESCALANTE - TARPON COVE, LIMITED PARTNERSHIP

**Current Principal Place of Business:**

471 BAY CLUB DR  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

471 BAY CLUB DR  
NAPLES, FL 34410

**New Mailing Address:**

**FEI Number:** 20-3968852      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SILVA, ROBERT C  
471 BAY CLUB DR  
NAPLES, FL 34110      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: F04000001844  
Name: ESCALANTE GOLF, INC.  
Address: 9850 DIVOT TRAIL  
City-St-Zip: COLORADO SPRINGS, CO 80920 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT SILVA

VP

05/01/2008

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date