

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

500.00
FILED
 07 MAY -3 AM 11:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A06000000830 1. Entity Name CLUB AT EUSTIS PARTNERS, LTD.					
Principal Place of Business 329 NORTH PARK AVENUE SUITE 300 WINTER PARK, FL 32789			Mailing Address P.O. BOX 4961 ORLANDO, FL 32802		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
5022007 Chg-LP CR2E003 (12/06)		4. FEI Number 20-947039		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE SUITE 1400 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$900.00 On or after September 14, 2007, Fee will be \$1000.00					
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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L06000066565		STREET ADDRESS	329 N. Park Avenue, Suite 300	
NAME	CLUB AT EUSTIS GROUP MANAGERS, L.L.C.		CITY-ST-ZIP	Winter Park, FL 32789	
STREET ADDRESS	1551 SANDSPUR ROAD		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
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CITY-ST-ZIP			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: <u>Tricia Deedy, Manager</u>			Date: _____ Daytime Phone #: 407-741-8500		

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