


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 14 AM 8:34

DOCUMENT # A06000000987	
1. Entity Name CLAIRMONT, LP	

Principal Place of Business 316 RICARDO ROAD MILL VALLEY, CA 94941	Mailing Address 316 RICARDO ROAD MILL VALLEY, CA 94941
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2. Principal Place of Business - No P.O. Box # 655 REDWOOD HIGHWAY	3. Mailing Address 655 REDWOOD HIGHWAY
Suite, Apt. #, etc. SUITE 285	Suite, Apt. #, etc. SUITE 285
City & State MILL VALLEY, CA	City & State MILL VALLEY CA
Zip 94941	Country USA



02202008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-5538574	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \$500.00
After May 1, 2008, 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # M06000004377	NAME ST. REGIS PROPERTIES, LLC	STREET ADDRESS 655 REDWOOD HIGHWAY, SUITE 285	
STREET ADDRESS 316 RICARDO ROAD		CITY-ST-ZIP MILL VALLEY CA 94941	
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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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/1/08 **415 381-8800**
 Date Daytime Phone #

STAPLE CHECK HERE