

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 17 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A07000000020



1. Entity Name
THE ESPLANADE AT PUNTA GORDA, LTD.

Principal Place of Business
**6900 SOUTHPOINT DRIVE NORTH, SUITE 250
JACKSONVILLE, FL 32216**

Mailing Address
**6900 SOUTHPOINT DRIVE NORTH, SUITE 250
JACKSONVILLE, FL 32216**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292007 Chg-LP CR2E003 (12/06)

4. FEI Number

01-0697532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANKERS, GUS
6900 SOUTHPOINT DRIVE NORTH, SUITE 250
JACKSONVILLE, FL 32216**

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

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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **A07000000019**
NAME **THE ESPLANADE AT PUNTA GORDA MANAGER, LTD.**
STREET ADDRESS **6900 SOUTHPOINT DRIVE NORTH, SUITE 250**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

STREET ADDRESS

CITY-ST-ZIP

500092210205
04/24/07--01052--022 **500.00

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STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/11/07

904-296-1112

STAPLE CHECK HERE