

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # A19150

1. Entity Name
THE BLUEWATER-INVERNESS LIMITED PARTNERSHIP



Principal Place of Business
**C/O FLYNN MGMT CORP.
516 LAKEVIEW ROAD, UNIT 8
CLEARWATER, FL 33756**

Mailing Address
**C/O FLYNN MGMT CORP.
516 LAKEVIEW ROAD, UNIT 8
CLEARWATER, FL 33756**



01172006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2639414

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FLYNN, TOM
FLYNN MGMT CORP
516 LAKEVIEW ROAD, UNIT 8
CLEARWATER, FL 33756**

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable.

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**DRAPER, SAM
1025 MYERS PARK DR.
TALLAHASSEE, FL 32301**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**PETERSEN, PAUL K.
211 W. 7TH ST.
TRAVERSE CITY, MI**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**BLAKESLEE, JOHN R.
7786 PEACEFUL VALLEY RD
WILLIAMSBURG, MI**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

000000447155
18/08/06-80044-011 508.75

**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: Sam Draper **Sam Draper**
By Thomas E. Flynn, P.O.A. **2/21/06** **727-449-1182**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE