

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

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**

FILED

07 FEB 26 AM 9:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



02142007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-2639414

Applied For
Not Applicable

5. Certificate of Status Desired **XX**

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 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

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

**300089611763
02/27/07--01055--007 **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 820, Florida Statutes.

SIGNATURE:

Sam Draper
Sam Draper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

P.O.A. 2/15/07 727-449-1182