

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 06, 2008 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**



02142008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2639414**

Applied For  
Not Applicable

5. Certificate of Status Desired **XX** **\$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 title if applicable

DATE

**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**

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

U00000849995  
03/21/08-80043-006 508.75

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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 F Flynn P.O.A. 2/22/08 727-449-1182**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #