## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## **FILED** Feb 13, 2006 08:00 AM DOCUMENT # A20409 **Secretary of State** SOUTH SEAS PROPERTIES COMPANY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 13451 MCGREGOR BLVD., STE. 27 8961 CONFERENCE DRIVE FT. MYERS, FL 33919 STE. 1 FT MYERS, FL 33919 01052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2541464 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAYLOR, ROBERT M DO NOT WRITE 13451 MCGREGOR BLVD., STE. 27 FT. MYERS, FL 33919 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 redistered agent. U00000432702 Signature, typed or printed name of registered egent and title it applicable. 02/23/06-800**/&~01**3 500.00 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. GENERAL PARTNER INFORMATION 12. L960000000209 DOCUMENT # T&TRESORTS, L.C. NAME STREET ADDRESS 13451 MCGREGOR BLVD., STE. 27 CITY-ST-ZIP FT. MYERS, FL 33919 DOCUMENT # MARKE STREET ADDRESS CITY-SI-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CHTY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS DITY-ST-79

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 it 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:

DOCUMENT #

STREET MODRESS CITY - ST - ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

Robert M. Taylor