

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**DOCUMENT # A20409**

1. Entity Name  
**SOUTH SEAS PROPERTIES COMPANY LIMITED PARTNERSHIP**



Principal Place of Business  
**13451 MCGREGOR BLVD., STE. 27  
 FT. MYERS, FL 33919**

Mailing Address  
**8961 CONFERENCE DRIVE  
 STE. 1  
 FT MYERS, FL 33919**

**FILED**

**2007 APR 13 AM 10:08**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**



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

**6216 Whiskey Creek Drive**  
**Suite A**  
**Port Myers, FL**  
**33919 USA**

04042007 Chg-LP CR2E003 (12/06)

4. FEI Number	Applied For
<b>59-2541464</b>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TAYLOR, ROBERT M 13451 MCGREGOR BLVD., STE. 27 FT. MYERS, FL 33919		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]* DATE **4/4/07**

**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 #	L96000000209	STREET ADDRESS	
NAME	T & T RESORTS, L.C.	CITY-ST-ZIP	
STREET ADDRESS	13451 MCGREGOR BLVD., STE. 27		
CITY-ST-ZIP	FT. MYERS, FL 33919		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

**500097228155**  
**04/17/07--01045--017 \*\*500.00**

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 #