

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 25 AM 7:45

DOCUMENT # A25478

1. Entity Name
SEMINOLE GULF RAILWAY LIMITED PARTNERSHIP



Principal Place of Business
 4110 CENTERPOINTE DR., SUITE 207
 FT. MYERS, FL 33916-9424

Mailing Address
 4110 CENTERPOINTE DR., SUITE 207
 FT. MYERS, FL 33916-9424



2. Principal Place of Business - No P.O. Box #
4110 CENTER POINTE DR.
 Suite, Apt. #, etc.

3. Mailing Address
4110 CENTER POINTE DR.
 Suite, Apt. #, etc.

01082007 Chg-LP CR2E003 (12/06)

City & State
FORT MYERS

City & State
FORT MYERS

4. FEI Number
 04-2982893

Applied For
 Not Applicable

Zip Country
 US

Zip Country
 US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAY, SUSAN JANE
 4110 CENTERPOINTE DR., SUITE 207
 FT. MYERS, FL 33916-9424

Name
 Street Address (P.O. Box Number is Not Acceptable)
4110 CENTER POINTE DR.

City FL Zip Code
FORT MYERS

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, 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 # P16691
 NAME SEMINOLE GULF RAILWAY, INC.
 STREET ADDRESS 4110 CENTERPOINTE DR., SUITE 207
 CITY-ST-ZIP FT. MYERS, FL 339169424

STREET ADDRESS **4110 CENTER POINTE DR.**
 CITY-ST-ZIP **FORT MYERS 33916-9424**

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STREET ADDRESS
 CITY-ST-ZIP

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

Gordon H. Fay 1/12/07 239 275 6060
 Date Daytime Phone #

STAPLE CHECK HERE