

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

**DOCUMENT # A27743**

1. Entity Name  
**CONGO RIVER GOLF AND EXPLORATION CO. -  
KISSIMMEE LIMITED PARTNERSHIP**



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN 23 PM 1:57

Principal Place of Business  
13721 S. WEST BAY SHORE DRIVE, SUITE A  
TRAVERSE CITY, MI 49684

Mailing Address  
13721 S. WEST BAY SHORE DRIVE, SUITE A  
TRAVERSE CITY, MI 49684



04222008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**38-2852430**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BULL, STEPHEN MARSHALL  
111 N. ORANGE AVE.  
SUITE 1700  
ORLANDO, FL 32801**

**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**

**300130451713**  
05/30/08--01007--020 \*\*500.00

**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 #	P18935
NAME	CONGO RIVER GOLF DEVELOP
STREET ADDRESS	13721 S. WEST BAY SHORE DRIVE, SUITE A
CITY-ST-ZIP	TRAVERSE CITY, MI 49684

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	VOZZA, GIORGIO	13721 S. WEST BAY SHORE DRIVE, SUITE A	TRAVERSE CITY, MI 49684

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	HOLLY, DENNIS	1343 MAIN STREET, SUITE 302	SARASOTA, FL 34236

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

**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 620, Florida Statutes

**SIGNATURE:**

**Giorgio Vozza**

**4/29/08**

**(231) 941-9005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE