

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

FILED
Mar 01, 2006, 08:00 AM
Secretary of State

508.75

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03/10/06-80041-005 508.75



02272006 No Chg-LP CR2E003 (11/05)

DOCUMENT #A28481
1. Entity Name
INVERNESS CLUB, LTD., L.P.



Principal Place of Business Mailing Address
PO BOX 2295 PO BOX 2295
VALDOSTA, GA 31604 VALDOSTA, GA 31604

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
58-1808620 Not Applicable

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

6. Name and Address of Current Registered Agent

PERRIN, DONALD F
320 HIGHWAY 41 SOUTH
INVERNESS FL 32650

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 _____ DATE _____
Signatures, typed or printed name of registered agent and file if applicable.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 # | P30356 |
| NAME | MORTGAGE GROUP SOUTH COR |
| STREET ADDRESS | 2409 BEMISS ROAD |
| CITY-ST-ZIP | VALDOSTA, GA |
| DOCUMENT # | |
| NAME | DEWAR, JAMES L JR. |
| STREET ADDRESS | #9 TROTTERS WAY |
| CITY-ST-ZIP | VALDOSTA, GA 31605 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: [Signature] JL Dewar, Jr 3/27/06 229-242-7759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #