


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 AUG 13 PM 2:28

DOCUMENT #A30119 1. Entity Name SUGAR CANE VILLAS, LTD.		
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Principal Place of Business 5505 N. ATLANTIC AVE., STE. 115 COCOA BEACH, FL 32931	Mailing Address 5505 N. ATLANTIC AVE., STE. 115 COCOA BEACH, FL 32931
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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

P.O. Box 321209
Cocoa Beach, FL
32932-1209



05142007 Chg-LP CR2E003 (12/06)

4. FEI Number	Applied For
59-3008679	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVE., STE. 115 COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent Name <i>James Kincaid</i> Street Address (P.O. Box Number is Not Acceptable) <i>P.O. Box 321209</i> City <i>Cocoa Beach</i> FL Zip Code <i>32932-1209</i>

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 <i>James Kincaid, Vice President</i> DATE <i>8/10/07</i>	
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FILE NOW!!! FEE IS \$800.00
On or after September 14, 2007, Fee will be \$1000.00

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 #	NAME	STREET ADDRESS	
	ROBERT DEHARDER		<i>P.O. Box 321209</i>
STREET ADDRESS	5505 N. ATLANTIC AVE., STE. 115	CITY-ST-ZIP	<i>Cocoa Beach, FL 32932-1209</i>
CITY-ST-ZIP	COCOA BEACH, FL 32931		
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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: <i>James Kincaid</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	DATE: <i>8/10/07</i> DATE	DAYTIME PHONE #: <i>321-744-4000</i> DAYTIME PHONE #
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