

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A30932

**FILED**  
**Apr 20, 2006**  
**Secretary of State**

**Entity Name:** LACUNA GOLF LIMITED PARTNERSHIP

**Current Principal Place of Business:**

3737 GULF STREAM RD  
GULF STREAM, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

3737 GULF STREAM RD  
GULF STREAM, FL 33483

**New Mailing Address:**

**FEI Number:** 59-3045301

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FORD, MICHAEL  
3737 GULF STREAM  
GULF STREAM, FL 33483 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: S09928  
Name: DOUG FORD GOLF SHOPS, INC  
Address: 6400 GRAND LACUNA BLVD.  
City-St-Zip: LAKE WORTH, FL

**ADDRESS CHANGES ONLY:**

Address: 3737 GULFSTREAM RD.  
City-St-Zip: GULFSTREAM, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL FORD

TREA

04/20/2006

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date