


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A31445 1. Entity Name SUN BAY VILLAGE LTD.	
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FILED
08 JAN 30 PM 4:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business PO BOX 644 MILTON, FL 32570	Mailing Address PO BOX 644 MILTON, FL 32570
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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

01152008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent CARVER, S. ELLEN 4425 AMBERWOOD CIR PAGE, FL 32571	7. Name and Address of New Registered Agent Name <u>S. Ellen Carver</u> Street Address (P.O. Box Number is Not Acceptable) <u>5650 Meadowlark Lane</u> City <u>Milton</u> FL Zip Code <u>32570</u>
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4. FEI Number 59-3062043	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 S. Ellen Carver DATE 1/15/08
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
CARVER, S. ELLEN PO BOX 644 MILTON, FL 32572	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
CARVER, STANLEY A PO BOX 644 MILTON, FL 32572	
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100116035691
 01/25/08--01004--023 **500.00

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: S. Ellen Carver DATE 1/15/08 850.623-8144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER