

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

**DOCUMENT # A31796**

1. Entity Name  
**CONGO RIVER GOLF & EXPLORATION CO. - ORLANDO LIMITED PARTNERSHIP**



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

Mailing Address  
13721 S. WEST BAY SHORE DR., STE. A  
TRAVERSE CITY, MI 49684

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN 25 PM 2:45



04222008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3069347**

Applied For  
Not Applicable

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

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

**CONGO RIVER GOLF & EXPLORATION CO.**  
6312 INTERNATIONAL DRIVE  
ORLANDO, FL 32819

**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.

**300130451483**

05/30/08--01007--015 \*\*500.00  
DATE

**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**

DOCUMENT # **P18935**  
NAME **CONGO RIVER GOLF DEVELOPMENT CO.**  
STREET ADDRESS **13721 S. WEST BAY SHORE DR., STE. A**  
CITY-ST-ZIP **TRAVERSE CITY, MI 49684**

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

DOCUMENT #  
NAME **HOLLY, DENNIS**  
STREET ADDRESS **1343 MAIN STREET, SUITE 302**  
CITY-ST-ZIP **ORLANDO, FL 32836**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

Sign.