

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 AUG 13 PM 2:28

DOCUMENT # A31842 1. Entity Name CARRABELLE COVE, LTD.					
Principal Place of Business 5505 N. ATLANTIC AVE., SUITE 115 COCOA BEACH, FL 32931			Mailing Address 5505 N. ATLANTIC AVE., SUITE 115 COCOA BEACH, FL 32931		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Suite, Apt. #, etc. PO BOX 321209			
City & State		City & State			
Zip	Country	Zip 32932-1209	Country	4. FEI Number 59-3119310	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVE., SUITE 115 COCOA BEACH, FL 32931			7. Name and Address of New Registered Agent Name JAMES KIRKAD Street Address (P.O. Box Number is Not Acceptable) PO BOX 321209 City COCOA BEACH FL 32932-1209		
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 James Kirkad, Vice President DATE 8/10/07 <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$900.00 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 CITY-ST-ZIP	MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVE., SUITE 115 COCOA BEACH, FL 32931		STREET ADDRESS CITY-ST-ZIP	PO BOX 321209 32932-1209	
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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: James Kirkad			DATE 8/10/07 DAYTIME PHONE # 321-799-4090		

STAPLE CHECK HERE

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