## 2008 LIMITED PARTNERSHIP ANNUAL REPORT

## **FILED Due By May 1, 2008** Jan 17, 2008 08:00 AM Secretary of State DOCUMENT # A33020 1. Entity Name NATIONAL FAIRWAYS, LTD. Principal Place of Business Mailing Address P.O. BOX 930 P.O. BOX 930 SANIBEL, FL 33957 SANIBEL, FL 33957 01142008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0313584 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KENT, ROBERT DO NOT WRITE 2665 WEST GULF DRIVE IN THIS SPACE SANIBEL, FL 33957-0930 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. Lam familiar with, and accept the obligations of registered agent. UDD000788180 SIGNATURE Signature: typed or printed name of registered agent and title if applicable <del>01/18/08-8**0**030-004-500</del>.00 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. GENERAL PARTNER INFORMATION DOCUMENT # P39113 NAME FAIRWAYS GENERAL PARTNER, INC. STREET ADDRESS 2665 W. GULF DR. #2 CITY-ST-ZIP SANIBEL, FL 33957 DOCUMENT # NAME STREET ADDRESS CITY-ST-7P DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP DOCUMENT # NAME. STREET ADDRESS CITY-ST-7IP