## , 2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2006 Feb 13, 2006 08:00 AM DOCUMENT # A9400000851 **Secretary of State** SOUTH SEAS RESORTS COMPANY LIMITED **PARTNERSHIP** Principal Place of Business Mailing Address 13451 MCGREGOR BLVD., SUITE 27 13451 MCGREGOR BLVD., SUITE 27 FT. MYERS, FL 33919 FT. MYERS, FL 33919 01052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0496183 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAYLOR, ROBERT M DO NOT WRITE 13451 MCGREGOR BLVD., SUITE 27 FT. MYERS, FL 33919 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. U00000432698 SIGNATURE <del>02/23/06-80072<sub>/6</sub>012</del> Signature, typed or printed name of registered agent and life if applicable FILE NOWIII FEE I\$ \$500.00 After May 1, 2006, 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 L94000000285 DOCUMENT # NAME S.S. RESORT MANAGEMENT, L.C. STREET ADDRESS 13451 MCGREGOR BLVD., SUITE 27 CITY-ST-ZIP FT. MYERS, FL 33919 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP OOCUMENT# NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT **#** NAME STREET ADDRESS CITY-ST-ZIP

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:

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

Robert M. Taylor 2/1106