

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000000860</b> 1. Entity Name <b>MCCUMBER GOLF II, LTD.</b>					
Principal Place of Business <b>7502 PLANTATION BAY DRIVE          JACKSONVILLE, FL 32244</b>			Mailing Address <b>7502 PLANTATION BAY DRIVE          JACKSONVILLE, FL 32244</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3254539</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>WALTERS, MICHAEL A          50 NORTH LAURA STREET, STE. 2200          JACKSONVILLE, FL 32201</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and the if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$600,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P84000045560          MCCUMBER GOLF II, INC.          7502 PLANTATION BAY DRIVE          JACKSONVILLE, FL 32244</b>		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	<b>U000000335974          04/27/05-80108-006 526.25</b>	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<b>James L. McCumber</b> <b>4-15-05</b> <b>904-778-8333</b> <small>Date Daytime Phone #</small>		



04062005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3254539**

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

9. Capital Contributions as Shown on record. **\$600,000.00**  
 10. Amount of Capital Contributions in FLORIDA to date.

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NAME	MCCUMBER GOLF II, INC.		CITY-ST-ZIP		
STREET ADDRESS	7502 PLANTATION BAY DRIVE				
CITY-ST-ZIP	JACKSONVILLE, FL 32244				
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**SIGNATURE:** \_\_\_\_\_ **James L. McCumber** **4-15-05** **904-778-8333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE