

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A94000000860**

1. Entity Name  
**MCCUMBER GOLF II, LTD.**



Principal Place of Business  
**7502 PLANTATION BAY DRIVE  
JACKSONVILLE, FL 32244**

Mailing Address  
**7502 PLANTATION BAY DRIVE  
JACKSONVILLE, FL 32244**



02152006 No Chg-LP

CR2E003 (11/05)

4. FBI Number  
**59-3254539**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**WALTERS, MICHAEL A  
50 NORTH LAURA STREET, STE. 2200  
JACKSONVILLE, FL 32201**

**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 \_\_\_\_\_

By whose, typed or printed name of registered agent and date if applicable.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$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

DOCUMENT # **P 14000045560**  
NAME **MCCUMBER GOLF II, INC.**  
STREET ADDRESS **7102 PLANTATION BAY DRIVE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32244**

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000000482716  
04/11/06-80088-005 500.00

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**James L. McCumber 3-24-06**

904-778-8333