


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A94000001792**

1. Entity Name  
**WATERSIDE AT BAY BEACH, LTD.**



Principal Place of Business      Mailing Address  
**4530 BAY BEACH LANE**      **6704 LONE OAK BLVD.**  
**FORT MYERS BEACH, FL 33931**      **NAPLES, FL 34109**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



02152007    Chg-LP    CR2E003 (12/06)

4. FEI Number      Applied For  
**65-0549226**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STERLING, JACK**  
**6704 LONE OAK BLVD.**  
**NAPLES, FL 34109**

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000056258	STREET ADDRESS	
NAME	WATERSIDE PARTNERS, INC.	CITY-ST-ZIP	
STREET ADDRESS	4530 BAY BEACH LANE		
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		
DOCUMENT #		STREET ADDRESS	000000649986
NAME		CITY-ST-ZIP	03/07/07-80072-021 500.00
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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:** *[Signature]* **U.D. Director**      **2/19/07**      **239-596-9067 ext 32**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE