


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # A94000001868	
1. Entity Name FAIR BLUFF, LTD.	

Principal Place of Business 109 SOUTH RIVER ROAD STUART, FL 34996	Mailing Address 109 SOUTH RIVER ROAD STUART, FL 34996
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03062007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0551439	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PARE, ROBERT H
109 SOUTH RIVER ROAD
STUART, FL 34996

**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 _____ 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PARE, ROBERT H 109 SOUTH RIVER ROAD STUART, FL 34996
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PARE, LIBBY E 109 SOUTH RIVER ROAD STUART, FL 34996
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04/11/07-80058-021 500.00

**DO NOT WRITE
IN THIS SPACE**

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: *Robert H. PARE* ROBERT H. PARE *1 April 07* 772-287 5015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #