

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000000429

**FILED**  
**Jan 17, 2009**  
**Secretary of State**

**Entity Name:** CORKSCREW VILLAGE PARTNERS, LTD.

**Current Principal Place of Business:**

7500 COLLEGE PARKWAY  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

7500 COLLEGE PARKWAY  
FORT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 65-0651831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPREHN, SUSAN M  
7500 COLLEGE PARKWAY  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P94000045208  
Name: CORKSCREW PARTNERS, INC.  
Address: 7500 COLLEGE PARKWAY  
City-St-Zip: FORT MYERS, FL 33907

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEVIN P. RILEY

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01/17/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date