## FILED 2007 LIMITED PARTNERSHIP ANNUAL REPORT Feb 16, 2007 08:00 A Secretary of State **Due By May 1, 2007** DOCUMENT # A96000001068 CONWAY CLUB PARTNERS, LTD. Principal Place of Business Mailing Address 1000 N ORLANOD AVENUE 1000 N ORLANOD AVENUE SUITE D SUITE D WINTER PARK, FL 32789 WINTER PARK, FL 32789 01052007 No Chg-LP CR2E003 (12/06) 4. FEI Number Applied For 59-3385370 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent STRONG, DAVID C DO NOT WRITE 1000 N ORLANDO AVENUE SUITE D IN THIS SPACE WINTER PARK, FL 32789 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, typed or printed name of registered agent and title if applicable. DATE 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # P97000037506 STRONG/CONWAY, INC. STREET ADDRESS 1000 N ORLANDO AVENUE, SUITE D CITY-ST-ZIP WINTER PARK, FL 32789 \*\*\* `U00000640003 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

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:

CHECK

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER