

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000001109

Entity Name: SOUTHPORT RANCH, LTD.

**FILED**  
**Apr 01, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

515 WEST BRYAN STREET  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 422312  
KISSIMMEE, FL 347422312

**New Mailing Address:**

FEI Number: 59-3387794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEE, GARY L  
515 WEST BRYAN STREET  
KISSIMMEE, FL 34741 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 #: L07000042861  
Name: SOUTHPORT GP, LLC  
Address: 515 WEST BRYAN STREET  
City-St-Zip: KISSIMMEE, FL 34741

**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: GARY L. LEE

MNGR

04/01/2009

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

\_\_\_\_\_  
Date