## 2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

## Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # A97000000403 1. Entity Name CHARLOTTE GOLF PARTNERS LIMITED PARTNERSHIP Principal Place of Business Mailing Address 22725 GREATER MACK ST. CLAIR SHORES MI 48080 22725 GREATER MACK ST. CLAIR SHORES MI 48080 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc CR2E003 (10/04) 1ST MOORE Applied For City & State City & State 4. FEI Number 59-3428027 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRUNSON, JOHN ESQ. Street Address (P.O. Box Number is Not Acceptable) 1474 JORDAN HILLS COURT CLEARWATER FL 34616 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE Signature, typed or printed name of registered agent and title if applicable See Block 11 instructions for fee info. 9. Capital Contributions 10. Amount of Capital Contributions \$100.00 in FLORIDA to date 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. 13. P97000014480 DOCUMENT # STREET ADDRESS CHARLOTTE GOLF PARTNERS, INC. 1474 JORDAN HILLS COURT STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP CLEARWATER FL 34616 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-51-7/2 City-st-7P DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAL STREET ADDRESS CHY-ST-76 CITY 31-71Y

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

**FILED**