## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## Mar 31, 2006 08:00 AM DOCUMENT # A97000000403 **Secretary of State** 1. Entity Name CHARLOTTE GOLF PARTNERS LIMITED PARTNERSHIP Principal Place of Business Malling Address 22725 GREATER MACK 22725 GREATER MACK ST. CLAIR SHORES, MI 48080 ST. CLAIR SHORES, MI 48080 03122008 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3428027 Not Amplicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent BRUNSON, JOHN ESQ. DO NOT WRITE 1474 JORDAN HILLS COURT CLEARWATER, FL 34616 IN THIS SPACE 8. The above named only 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 egent and title if applicable DATE FILE NOW!!! FEE 15 \$500.00 After May 1, 2006, 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 P97000014480 CHARLOTTE GOLF PARTNERS, INC. NAME STREET ADORESS 1474 JORDAN HILLS COURT CRY-ST-ZP CLEARWATER, FL 34616 DOCUMENT # NAME U000001495881 STREET ADDRESS 04/13/06-80012 012 500.00 CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CHY-ST-ZP IN THIS SPACE DOCUMENT# NAME STREET ADDRESS CITY-ST-ZP OCCUMENT # MASK

14. I hereby certify that the information supplied with this filling 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 it made under path; that I am a General Partner of the fimited partnership or the receiver or trustee employered to execute this report as required by Chapter 620, Florida Statutes.

AUSTATURE AND TYPED ON PRINTED HAVE OF SIGNING GENERAL PARTINER

SIGNATURE:

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

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