


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000000403</b> 1. Entity Name CHARLOTTE GOLF PARTNERS LIMITED PARTNERSHIP	
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Principal Place of Business 22 SUNNINGDALE DRIVE GROSSE POINTE SHORES, MI 48236	Mailing Address 22 SUNNINGDALE DRIVE GROSSE POINTE SHORES, MI 48236
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**DO NOT WRITE IN THIS SPACE**



04242008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3428027	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BRUNSON, JOHN ESQ. 4250 CENTRAL AVENUE ST. PETERSBURG, FL 33711
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>	
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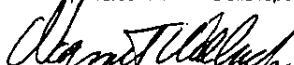
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P97000014480
NAME	CHARLOTTE GOLF PARTNERS, INC.
STREET ADDRESS	22 SUNNINGDALE DRIVE
CITY-ST-ZIP	GROSSE POINTE SHORES, MI 48236
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000930871  
05/21/08-80125-021 500.00

**DO NOT WRITE  
IN THIS SPACE**

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

<b>SIGNATURE:</b>  <b>WAYNET WALLRICH</b>	<b>4/24/08</b>	<b>3133430498</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE