

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**FILED**  
**May 24, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # A97000000915

1. Entity Name  
CITY CENTER OF CHARLOTTE COUNTY, LTD.



Principal Place of Business  
1561 HARBOR CAY LANE  
LONGBOAT KEY, FL 34228

Mailing Address  
1561 HARBOR CAY LANE  
LONGBOAT KEY, FL 34228



05022007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0747297

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BRIGGS, DAVID B  
1561 HARBOR CAY LANE  
LONGBOAT KEY, FL 34228

**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

*Signature, typed or printed name of registered agent and title if applicable.*

DATE

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 # P95000029727  
NAME SPHINX INVESTMENTS OF SARASOTA, INC.  
STREET ADDRESS 1561 HARBOR CAY LANE  
CITY-ST-ZIP LONGBOAT KEY, FL 34228

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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05/31/07-80034-026 500.00

**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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Longtime Partner

STAPLE CHECK HERE