2005 LIMÎTED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

Due By September 7, 2005			SELP TIDY OF S
DOCUMENT # A9700001784			SEUR MARY OF STATE DIVISION OF PORATIONS
DEEP LAGOON BOAT CLUB, LTD.			05 AUG 24 AM 9: 10
Principal Place of Business 14030 MCGREGOR BLVD. FORT MYERS, FL 33919 Mailing Address 14030 MCGREGOR BLVD. FORT MYERS, FL 33919			
Principal Place of Business 3. Mailing Address			
Suite, Apt. #, etc. Suite, Apt. #, etc.			06272005 Chg-LP CR2E003 (10/03)
City & State City & State			4. FEI Number Applied For 65-0765218 Not Applicable
Zip — Country - —	- Zip	Юшні у——— - — -	5. Certificate of Status Desired XX \$8:75 Additional Fee Required
6. Name and Address of Current Registered Agent		Name	7. Name and Address of New Registered Agent
BOATCLUBSAMERICA, LLC 1431 RAIL HEAD BLVD #2 NAPLES, FL 34110			ss (P.O. Box Number is Not Acceptable) O Tamiami Trail N. Ste #106
		City N	aples FL Zig4103
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 Signature, typed or printed name of registered agent and III is a floricable. Signature, typed or printed name of registered agent and III is a floricable. DATE			
9. Capital Contributions as Shown on record. \$3,000,000.00 In accordance with s. 607.193(2)(b), F.S. in FLORIDA to date.			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.			
DOCUMENT # 1 98000000839		13.	ADDRESS CHANGES ONLY 020 Tamiami Trail N. Ste#106
NAME BOATCLUBSAMERICA, LLC. STREET ADDRESS 1431 RAIL HEAD BLVD #2		<u> </u>	aples, FL 34103
CITY-ST-ZIP NAPLES, FL 34110 DOCUMENT /		STREET ADDRESS	
NAME STREET ADDRESS		CITY-ST-ZIP	
DOCIMENT A		STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		CITY-ST-ZIP	09/01/0501037015 **8,75 500059241256 09/01/0501037016 **446 25
DOCUMENT / / NAME		STREET ADDRESS	00/01/10-111151016 #8446.25
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
14. I hereby certify that the information supplied was this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is total 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 employee of to execute this report is provided by Chapter 620, Florida Statutes			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Date Propaga			