

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A97000001784

1. Entity Name

DEEP LAGOON BOAT CLUB, LTD.



FILED

06 MAY -1 AM 11:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business

14030 MCGREGOR BLVD
FORT MYERS FL 33919

Mailing Address

14030 MCGREGOR BLVD
FORT MYERS FL 33919

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

5020 TAMiami TrL. N.

Suite, Apt. #, etc.

#106

City & State

City & State

NAPLES, FL

Zip

Country

Zip

34103

Country

COLLIER

1st MOORE

CR2E003 (10/05)

4. FEI Number

65-0765218

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOATCLUBSAMERICA, LLC
5020 TAMiami TrL N
SUITE 106
NAPLES FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 # L98000000839
NAME BOATCLUBSAMERICA, LLC.
STREET ADDRESS 1431 RAIL HEAD BLVD #2
CITY-ST-ZIP NAPLES FL 34110

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500075029465
05/22/06--01045--006 **508.75

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Edward J. Ruff

Edward J. Ruff, Mgr 3/1/06 (239)430-2582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE