

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Feb 15, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000001790**

1. Entity Name

COLONY CLUB MOBILE HOMES LIMITED



Principal Place of Business

Mailing Address

1501 - 11TH STREET NE  
WINTER HAVEN FL 33881

% ROBERT PHILLIPS  
PO BOX 1562  
WINTER HAVEN FL 33882



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3463433

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E003 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINES, JAMES P ESQUIRE  
HINES & ASSOCIATES, P.A.  
315 S. HYDE PARK AVE.  
TAMPA FL 33606

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, 2007, 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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PHILLIPS, ROBERT C  
927 N. LAKE OTIS DR., SE  
WINTER HAVEN FL 33880

STREET ADDRESS  
CITY-STATE-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
SPARROW, PEGGY  
1410 AVE. D, NE  
WINTER HAVEN FL 33881

STREET ADDRESS  
CITY-STATE-ZIP

000000637545  
02/26/07-80064-018 500.00

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STREET ADDRESS  
CITY-STATE-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:

*Robert C. Phillips*  
Robert C. Phillips

Robert C. Phillips

2/12/07

863-294-5129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE