2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

STAPLE CHECK HERE

SIGNATURE: _

FILED
May 01, 2007 08:00 A
Secretary of State

850-654-4126 Daytime Phone #

	Due by may 1, 2007		wiay 01, 200/ 00.0
DOCU 1. Entity Nam 99 EGLIN			Secretary of Sta
Principal Plac	ce of Business Mailing Address		
4652 GULF S	STARR DR PO BOX 1735		
DESTIN, FL			
DO NOT WRITE IN THIS SPACE			04232007 No Chg-LP CR2E003 (12/06)
			4. FEI Number Applied For
			59-3479047 Not Applicable
			5. Certificate of Status Desired \$8.75 Additional
			Fee Required
	6. Name and Address of Current Registered Agent		1
ODOM, JAY		DO NOT WRITE	
4652 GULF STARR DR			
DESTIN, FL 32541		IN THIS SPACE	
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		•	
	e named entity submits this statement for the purpose of changing its register tions of registered agent.	red office or register	red 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			
After May 1, 2007, Fee will be \$900.00			
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 #	M77260		
NAME	WATER'S EDGE BUILDING COMPANY		·
STREET ADDRESS	4652 GULF STARR DRIVE		HOOCOCTEGGA
CITY-ST-ZIP	DESTIN, FL 32541		U00000752819
DOCUMENT #			05/21/07-80032-005 500.00
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			
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STREET ADDRESS			
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DOCUMENT # NAME	,		
STREET ADDRESS	20		
CITY-ST-ZIP			
14. I hereby	certify that the information supplied with this life does not quality for the e	xemptions containe	d in Chapter 119, Florida Statutes. I further certify that the information
14. I hereby certify that the information supplied with this high 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 try 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 poor as required by Chapter 620, Florida Statutes			

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING GENERAL PARTNER