2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A97000002368

1. Entity Name 99 EGLIN, LTD.



FILED Mar 25, 2008 08:00 AN Secretary of State

Principal Place of Business

4652 GULF STARR DR DESTIN, FL 32541 Mailing Address PO BOX 1735 DESTIN, FL 32540



DO NOT WRITE IN THIS SPACE

01142008 No Chg-LP .

CR2E003 (12/06)

4. FEI Number 59-3479047

Applied For Not Applicable

5. Certificate of Status Desired

ify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and the same legal effect as if made under oath; that I am a General Partner of the limited partnership Chapter 620, Florida Statutes

3-7-08

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ODOM, JAY 4652 GULF STARR DR DESTIN, FL 32541

STAPLE CHECK HERE

STREET ADDRESS

SIGNATURE: .

14. I hereby certify that the information supplied with this filling indicated on this report is true and accurate and that my sign or the receiver or trustee empowered to execute this report.

SIGNATURE AND TYPED OR PRINTER

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.		
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.0	U00000869557 04/09/08-80055-004 500.00
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 # NAME STREET ADDRESS CITY-ST-ZIP	M77260 WATER'S EDGE BUILDING COMPANY 4652 GULF STARR DRIVE DESTIN, FL 32541	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP		DO NOT WRITE
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT #		

MAME OF SIGNING GENERAL PARTNER