


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

**07 JAN 31 AM 9:48**

<b>DOCUMENT # A97000002626</b> 1. Entity Name THE BEAR'S CLUB FOUNDING PARTNERS, LTD.	
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Principal Place of Business 2000 PGA BLVD SUITE 2202 NORTH PALM BEACH, FL 33408	Mailing Address 2000 PGA BLVD SUITE 2202 NORTH PALM BEACH, FL 33408
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2. Principal Place of Business - No P.O. Box #  11770 U.S. Highway One Suite 102 North Palm Beach, FL 33408 USA	3. Mailing Address  11770 U.S. Highway One Suite 102 North Palm Beach, FL 33408 USA
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01092007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0810035	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  HALLE, SHAW & PFAFFENBERGER, PA 660 US HIGHWAY #1, 3RD FL NORTH PALM BEACH, FL 33408	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float:right"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000085463	STREET ADDRESS	200087356132
NAME	BEAR'S CLUB MANAGEMENT CORP.	CITY-ST-ZIP	02/05/07--01009--004 **\$500.00
STREET ADDRESS	11780 U.S. HIGHWAY ONE, SUITE 400	STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:**  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/26/07 561-630-5116  
Date Daytime Phone #

STAPLE CHECK HERE