

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 1:28

DOCUMENT # A97000002626

1. Entity Name
 THE BEAR'S CLUB FOUNDING PARTNERS, LTD.



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

2. Principal Place of Business - No P.O. Box #
 11770 U.S. HIGHWAY ONE

3. Mailing Address
 11770 U.S. HIGHWAY ONE

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

Suite 102

City & State

NORTH PALM BEACH, FL

City & State

NORTH PALM BEACH, FL

Zip
 33408

Country

USA

Zip

33408

Country

USA

01042008

Chg-LP

CR2E003 (12/06)

4. FEI Number
 65-0810035

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 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

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 \$500.00
After May 1, 2008, 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 # P97000085463
 NAME BEAR'S CLUB MANAGEMENT CORP.
 STREET ADDRESS 11780 U.S. HIGHWAY ONE, SUITE 400
 CITY-ST-ZIP NORTH PALM BEACH, FL 33408

13. ADDRESS CHANGES ONLY

STREET ADDRESS 11770 U.S. HIGHWAY ONE, Suite 102
 CITY-ST-ZIP NORTH PALM BEACH, FL 33408

DOCUMENT #
 NAME
 STREET ADDRESS
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000127246470
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DOCUMENT #
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/6/08

561.830.4119

STAPLE CHECK HERE