

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**DOCUMENT # A98000000200**  
1. Entity Name  
**NATCHEZ RESORT 1997, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:47

Principal Place of Business      Mailing Address  
**3445 PACIFIC COAST HWY  
SUITE 240  
TORRANCE CA 90505**      **3445 PACIFIC COAST HWY  
SUITE 240  
TORRANCE CA 90505**



2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

*MS*

1st MOORE      CR2E003 (10/05)

6. Name and Address of Current Registered Agent  
**NIEDLE, JOEL  
725 N FT LAUDERDALE BLVD.  
FT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent  
Name **Gerardi, Jerry**  
Street Address (P.O. Box Number is Not Acceptable) **725 NORTH ATLANTIC BLVD**  
City **F.T. Lauderdale FL** Zip Code **33304**

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 *Jerry Gerardi*      DATE **3/2/06**

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, 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	
DOCUMENT #	SAKS, LAWRENCE M.D.
NAME	3445 PACIFIC COAST HWY, STE 240
STREET ADDRESS	TORRANCE CA 90505
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000069070448
CITY-ST-ZIP	03/30/06--01068--015 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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]*      DATE **3/2/06**      Daytime Phone # **30 404-4445**