


2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # A98000000200 1. Entity Name NATCHEZ RESORT 1997, LTD.			
Principal Place of Business 3445 PACIFIC COAST HWY SUITE 240 TORRANCE CA 90505		Mailing Address 3445 PACIFIC COAST HWY SUITE 240 TORRANCE CA 90505	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0806200		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GERARDI, JERRY 725 NORTH ATLANTIC BLVD FT LAUDERDALE FL 33304		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 <u><i>Jerry Gerardi</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! Fee is \$500. *** After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SAKS, LAWRENCE M.D.	CITY- ST- ZIP	
STREET ADDRESS	3445 PACIFIC COAST HWY, STE 240		
CITY- ST- ZIP	TORRANCE CA 90505		
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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

4/12/07 310 404 4445
 Date Daytime Phone #