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

Principal Place of Business  1312 E. CERNANTES ST. PENSACOLA, FL. 35501  2. Principal Place of Business - No P.O. Box # 3. Mailing Address  1312 E. CERNANTES ST. PENSACOLA, FL. 35501  2. Principal Place of Business - No P.O. Box # 3. Mailing Address  2. Principal Place of Business - No P.O. Box # 3. Mailing Address  2. Principal Place of Business - No P.O. Box # 3. Mailing Address  2. Principal Place of Business - No P.O. Box # 3. Mailing Address  2. Principal Place of Business - No P.O. Box # 3. Mailing Address  2. Principal Place of Business - No P.O. Box # 3. Mailing Address  2. Principal Place of Business - No P.O. Box # 3. Mailing Address  2. Principal Place of Business - No P.O. Box # 3. Mailing Address  2. Business - No P.O. Box # 3. Mailing Address  2. Business - No P.O. Box # 3. Mailing Address  2. Business - No P.O. Box # 3. Mailing Address  2. Business - No P.O. Box # 3. Mailing Address  2. Business - No P.O. Box # 3. Mailing Address  2. Business - No P.O. Box # 3. Mailing Address  2. Business - No P.O. Box # 3. Mailing Address  2. Business - No P.O. Box # 3. Mailing Address  2. Business - No P.O. Box # 3. Mailing Address  2. Business - No P.O. Box # 3. Mailing Address  2. Business - No P.O. Box # 3. Mailing Address  2. Business - No P.O. Box # 3. Mailing Address  2. Business - No P.O. Box # 3. Mailing Address  2. Business - No P.O. Box # 3. Mailing Address  4. FSI Minster  5. Certificate of Sistua Desired  5. Certificate of Sistua Desired	DOCUMENT # A9800000267  1. Entity Name SEA PINES DEVELOPMENT OF N.W. FLA., LTD.				2007 APR 30 AM 10: 52					
Suite. Apt. #, etc.    Suite. Apt. #, etc.   Suite. Apt. #, etc.   Outside   Suite. Apt. #, etc.   Outside   Suite. Apt. #, etc.   Applied For Suite. Suite. Suite. Suite. Apt. #, etc.   Applied For Suite.	1312 E. CERVANTES ST. 1312 E. CERVANTES ST.						PIGI 1841 GG11 GG11 GG11		<b>4 8</b> 11112 2 <b>8 8</b> 2 811 <b>8</b> 2 48 81	
City & State  Ci	Principal Place of Business - No P.O. Box #     Mailing Address									
Space   Spac	Suite, Apt. #, etc. Suite, Apt. #, etc.				** *	04182007	Chg-LP	CR2E003 (1	12/06)	
S. Certificate of Status Desired Fee Required Fee Required To Amme and Address of New Registered Agent  SHARON HESS HERRICK 4300 BAYOU BLVD. STE. #23 PENSACOLA, FL 32503  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SPANUAL TYPE SPANUAL TO BOTH 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 FLAT 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 FLAT IS A GUSINESS 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 FLAT 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 FLAT 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.  13. ADDRESS CHANGES ONLY  13.13.2 E. CEVAN ACTIVE MAY NOT be changed on the form; an amendment must be filed to change a general partner.  14. ADDRESS CHANGES ONLY  15.128  PENSACOLA, FL 32503  STRET ADDRESS  CITY-ST-2P  OCCUMENT ANDRESS  CITY-ST-2P  OCCUMENT ANDR	City & State		City & State			519		<u> </u>		
SHARON HESS HERRICK 4300 BAYOU BLVD, STE, #23 PENSACOLA, FL 32503  8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tem families with, and accept two obligations of registered agent.  SIGNATURE    Superior	Zip	•	Zip Count		try			□ Fee F	Required	
SHARON HESS HERRICK 4300 BAYOU BIVD, STE. #23 PENSACOLA, FL 32503  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, which is statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obli		6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent				
The obligations of registered agent.  SIGNATURE    Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Sig	4300 BAYOU BLVD., STE. #23				Street Address (P.O. Box Number is Not Acceptable)  1312 E. Cervantes St.					
Signature, hyper for promote memore department appert and spell and policitize.	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.									
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,	CITY-ST-ZIP	certify that the information supplied wi	th this filing does not qualify			ed in Chanter 119	Florida Statutee	I further certify t	hat the information	

Sharon Hess Herrick 4/19/07 850-477-7050