


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 10: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000000267	
1. Entity Name SEA PINES DEVELOPMENT OF N.W. FLA., LTD.	

Principal Place of Business 1312 E. CERVANTES ST. PENSACOLA, FL 35501	Mailing Address 1312 E. CERVANTES ST. PENSACOLA, FL 35501
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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 59-3636519		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHARON HESS HERRICK 4300 BAYOU BLVD., STE. #23 PENSACOLA, FL 32503	
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7. Name and Address of New Registered Agent Name <u>Sharon Hess Herrick</u> Street Address (P.O. Box Number is Not Acceptable) <u>1312 E. Cervantes St.</u> City <u>Pensacola</u> FL Zip Code <u>32501</u>	
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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 # NAME STREET ADDRESS CITY-ST-ZIP	L73336 SEA PINES DEVELOPMENT CORPORATION 4300 BAYOU BLVD., STE. #23 PENSACOLA, FL 32503	STREET ADDRESS CITY-ST-ZIP	<u>1312 E. Cervantes St.</u> <u>Pensacola, FL 32501</u>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<u>000101243520</u> <u>05/02/07--01054--014 **500.00</u>
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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: Sharon Hess Herrick 4/19/07 850-477-7050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER