

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # A98C00001034

1. Entity Name
RESORT & SPA ACQUISITION, LTD.



Principal Place of Business
**1555 PALM BEACH LAKES BLVD.
SUITE 1100
WEST PALM BEACH, FL 33401**

Mailing Address
**C/O FLORIDA MANAGMENT COMPANY
P.O. BOX 3267
WEST PALM BEACH, FL 33402**



01092007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0840904

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ECCLESTONE, E. LLWYD
C/O NORTH COUNTY RESORT COMPANY
1555 PALM BEACH LAKES BLVD., SUITE 1100
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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, 2007, Fee will be \$900.00

U00000654493
03/13/07-80064-007 508.75

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 # **P98000030670**
NAME **NORTH COUNTY RESORT COMPANY**
STREET ADDRESS **1555 PALM BEACH LAKES BLVD., SUITE 1100**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

RON COOPER

EXECUTIVE VICE PRESIDENT

Date

Daytime Phone #