

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A98000001217

1. Entity Name  
KELLY PLANTATION GOLF CLUB, LTD.



Principal Place of Business  
307 KELLY PLANTATION DR.  
DESTIN, FL 32541

Mailing Address  
307 KELLY PLANTATION DR.  
DESTIN, FL 32541



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272005

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3517641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLEET, H. BART  
FLEET, SPENCER, MARTIN & KILPATRICK, PA  
1104 EGLIN PARKWAY  
SHALIMAR, FL 32579-0000

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
as Shown on record

\$4,400,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 # P98000015506  
NAME KELLY PLANTATION GOLF CLUB, INC.  
STREET ADDRESS 307 KELLY PLANTATION DRIVE  
CITY- ST- ZIP DESTIN, FL 32541

STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

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STREET ADDRESS  
CITY- ST- ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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

John A. McNeil, Jr

Date

Daytime Phone #

4-27-05

850-269-8600

STAPLE CHECK HERE