

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

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000001387**

1. Entity Name  
**ISLAND HOUSE RESTAURANT LIMITED PARTNERSHIP**



Principal Place of Business  
**975 RABBIT ROAD  
SANIBEL ISLAND, FL 33957**

Mailing Address  
**P.O. BOX 167  
SANIBEL, FL 33957-0167**

**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-LP CR2E003 (12/06)

4. FEI Number  
**65-0840438**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HARRITY, MARTIN J  
1263 ISABEL DRIVE  
SANIBEL ISLAND, FL 33957**

**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]*  
Signature, typed or printed name of registered agent and, if applicable, date

*[Signature]*  
DATE

**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**

DOCUMENT # **P37869**  
NAME **HARRITY FAMILY CORPORATION**  
STREET ADDRESS **1263 ISABEL DRIVE**  
CITY-ST-ZIP **SANIBEL ISLAND, FL 33957**

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U00000621968  
02/13/07-80006-023 500.00

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*1/25/07*  
Date

Daytime Phone #

STAPLE CHECK HERE