2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Mar_13, 2007 08:00 AM **Secretary of State**

DOCUMENT # A99000000383	
. Entity Name	
ST. CHARLES LIMITED PARTNERSHIP	



Principal Place of Business

575 ADMIRALTY PARADE WEST NAPLES, FL 34102

Mailing Address

575 ADMIRALTY PARADE WEST NAPLES, FL 34102



DO NOT WRITE IN THIS SPACE

01042007 No Chg-LP

CR2E003 (12/06)

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMALIER, ANNE D 575 ADMIRALTY PARADE WEST NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement for the purpose of changing its register	ed office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.	U000 00 66	5525

SIGNATURE

Signature, typed or printed name of registered agent and little 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
	DOCUMENT #	L9900001321
•	NAME	ST. CHARLES, LLC
	STREET ADDRESS	575 ADMIRALTY PARADE WEST
	CITY-ST-ZIP	NAPLES, FL 34102
	DOCUMENT #	
	NAME	
	STREET ADDRESS	
-	CITY-ST-ZIP	
	DOCUMENT #	
	NAME	
Ì	STREET ADDRESS	
111,111	CITY-ST-ZIP	
	DOCUMENT *	
	NAME	
	STREET ADDRESS	
	CITY-ST-/IP	
	DOCUMENT #	
5	NAME	
=	STREET ADDRESS	
֓֞֜֜֜֜֜֜֓֓֓֓֓֓֓֓֓֓֜֜֜֜֓֓֓֓֓֓֓֓֡֜֜֜֓֓֓֓֓֡֜֜֜֓֓֡֓֡֓֜֜֡֓֓֡֓֡֡֡֡֓֜֡֓֜	CITY+ST-ZIP	
	DOCUMENT #	
5	NAME	
	STREET ADDRESS	
ļ	CITY+S7-ZIP	
ł	14. I hereby o	certify that the information supplied with this filing does not qualify to

DO NOT WRITE IN THIS SPACE

or 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 empowersem execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: