

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

**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A99000000515**

1. Entity Name  
**BLACK RIVER RANCH LIMITED PARTNERSHIP**



Principal Place of Business  
**C/O MRS. LOIS C. DONOVAN  
1701 SW CARPI, VILLA 174  
PALM CITY, FL 34990**

Mailing Address  
**% T. MICHAEL CROOK CPA  
33 FLAGLER AVENUE  
STUART, FL 34994**



05012007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0906488**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CROOK, MICHAEL CPA  
33 FLAGLER AVENUE  
STUART, FL 34994**

**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**

000000761646  
05/25/07-80064-005 500.00

**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 # **P99000019646**  
NAME **BLACK RIVER RANCH, INC.**  
STREET ADDRESS **1701 SW CAPRI, VILLA 174**  
CITY-ST-ZIP **PALM CITY, FL 34990**

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/30/07