

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 12 AM 8:40

DOCUMENT # A99000000515

1. Entity Name
 BLACK RIVER RANCH LIMITED PARTNERSHIP



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

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



2. Principal Place of Business - No P.O. Box #
 3353 Gran Park Way

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Stuart, FL

01312008 Chg-LP CR2E003 (12/06)

City & State

City & State

34997 USA

4. FEI Number
 65-0906488

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

CROOK, MICHAEL CPA
 33 FLAGLER AVENUE
 STUART, FL 34994

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS 3353 SE Gran Park Way
 CITY-ST-ZIP Stuart, FL 34997

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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 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

1/30/08 TFL-286-3350
 Date Daytime Phone #

STAPLE CHECK HERE