


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # A99000004261 1. Entity Name FLORIDA BAY AT OLDE CYPRESS LIMITED PARTNERSHIP	
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Principal Place of Business 3200 BAILEY LANE, SUITE 117 NAPLES, FL 34105	Mailing Address 3200 BAILEY LANE, SUITE 117 NAPLES, FL 34105
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DO NOT WRITE IN THIS SPACE



01172007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3589400	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**PASSIDOMO, JOHN
821 5TH AVE. S., #201
NAPLES, FL 34102**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00	
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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 #	P99000046911
NAME	FLORIDA BAY AT OLDE CYPRESS, INC.
STREET ADDRESS	3200 BAILEY LANE, SUITE 117
CITY-ST-ZIP	NAPLES, FL 34105
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	2-15-07 <small>Date</small>	239-643-6767 <small>Daytime Phone #</small>
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