

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -6 AM 8:54

DOCUMENT # A99000001261	
1. Entity Name FLORIDA BAY AT OLDE CYPRESS LIMITED PARTNERSHIP	

Principal Place of Business 3200 BAILEY LANE, SUITE 117 NAPLES, FL 34105	Mailing Address 3200 BAILEY LANE, SUITE 117 NAPLES, FL 34105
--------------------------------------------------------------------------------	--------------------------------------------------------------------

2. Principal Place of Business - No P.O. Box # 750 11th Street South	3. Mailing Address 750 11th Street South
-------------------------------------------------------------------------	---------------------------------------------

Suite, Apt. #, etc. Suite 203	Suite, Apt. #, etc. Suite 203
----------------------------------	----------------------------------

City & State Naples, FL	City & State Naples, FL
----------------------------	----------------------------

Zip 34102	Country USA	Zip 34102	Country USA
--------------	----------------	--------------	----------------



04292008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3589400	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	--------------------------------

6. Name and Address of Current Registered Agent PASSIDOMO, JOHN 821 5TH AVE. S., #201 NAPLES, FL 34102	7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000046911 FLORIDA BAY AT OLDE CYPRESS, INC. 3200 BAILEY LANE, SUITE 117 NAPLES, FL 34105	STREET ADDRESS CITY-ST-ZIP	750 11th Street South, Suite 203 Naples, FL 34102
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P99000046911 Shepherd, Nick 750 11th Street South, Suite 203 Naples, FL 34102	STREET ADDRESS CITY-ST-ZIP	600128362056 05/05/08--01015--001 **500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P99000046911 Hokanson, Stephen P 750 11th Street South, Suite 203 Naples, FL 34102	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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: 	Date 4/29/08	Daytime Phone # 317-633-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Stephen P. Hokanson		

STAPLE CHECK HERE