


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

DOCUMENT # B0400000248	
1. Entity Name ST. JAMES CLUB GP LIMITED PARTNERSHIP	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 18 PM 3:12

Principal Place of Business 2711 CENTERVILLE ROAD, STE. 400 WILMINGTON, DE 19808	Mailing Address 250 S. AUSTRALIAN AVENUE, STE. 1003 WEST PALM BEACH, FL 33401
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1801 S. Australian Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04142008 Chg-LP CR2E003 (12/06)

City & State West Palm Beach FL	4. FEI Number APPLIED FOR 20-1202159	Applied For Not Applicable
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Zip 33409	Country	Zip 33409	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

000130293840
05/28/08--01002--017 **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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F04000003405 ST. JAMES CLUB GP CORPORATION 250 S. AUSTRALIAN AVENUE, STE. 1003 WEST PALM BEACH, FL 33401	STREET ADDRESS CITY - ST - ZIP	1801 S. Australian Ave West Palm Beach FL 33409
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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 # _____

STAPLE CHECK HERE

Applied For