


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 7, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 10 AM 10:09

|   |                                       |   |   |  |  |    |          |
|---|---------------------------------------|---|---|--|--|----|----------|
| DOCUMENT # B0400000249  |                                       |   |   |                     |  |    |          |
| 1. Entity Name<br>ST. JAMES CLUB LIMITED PARTNERSHIP  |                                       |   |   |  |  |    |          |
| Principal Place of Business<br>2711 CENTERVILLE ROAD, STE. 400<br>WILMINGTON, DE 19808  |                                       |   | Mailing Address<br>250 S. AUSTRALIAN AVENUE, STE. 1003<br>WEST PALM BEACH, FL 33401 |  |  |    |          |
| 2. Principal Place of Business  |                                       | 3. Mailing Address                                      |   |  |  |    |          |
| Suite, Apt. #, etc.   |                                       | Suite, Apt. #, etc.                                     |   |  |  |    |          |
| City & State  |                                       | City & State  |   | 4. FEI Number<br>05052005 Chg-LP CR2E003 (10/03)   |  |    |          |
| Zip   | Country                               | Zip   | Country   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required             |  |    |          |
| 6. Name and Address of Current Registered Agent   |                                       |   | 7. Name and Address of New Registered Agent   |  |  |    |          |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525   |                                       |   | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                                       |   |   |  |  |    |          |
| 9. Capital Contributions as Shown on record. \$6,800,000.00   |                                       | 10. Amount of Capital Contributions in FLORIDA to date. |   | In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. |  |    |          |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                                       |   |   |  |  |    |          |
| 12. GENERAL PARTNER INFORMATION   |                                       |   | 13. ADDRESS CHANGES ONLY  |  |  |    |          |
| DOCUMENT #  | B0400000248                           |   | STREET ADDRESS  |  |  |    |          |
| NAME  | ST. JAMES CLUB GP LIMITED PARTNERSHIP |   | CITY-ST-ZIP   |  |  |    |          |
| STREET ADDRESS  | 250 S. AUSTRALIAN AVENUE, STE. 1003   |   |   |  |  |    |          |
| CITY-ST-ZIP   | WEST PALM BEACH, FL 33401             |   |   |  |  |    |          |
| DOCUMENT #  |                                       |   | STREET ADDRESS  |  |  |    |          |
| NAME  |                                       |   | CITY-ST-ZIP   |  |  |    |          |
| STREET ADDRESS  |                                       |   |   |  |  |    |          |
| CITY-ST-ZIP   |                                       |   |   |  |  |    |          |
| DOCUMENT #  |                                       |   | STREET ADDRESS  | 000055912760   |  |    |          |
| NAME  |                                       |   | CITY-ST-ZIP   | 06/08/05--01064--011 **526.25  |  |    |          |
| STREET ADDRESS  |                                       |   |   |  |  |    |          |
| CITY-ST-ZIP   |                                       |   |   |  |  |    |          |
| DOCUMENT #  |                                       |   | STREET ADDRESS  |  |  |    |          |
| NAME  |                                       |   | CITY-ST-ZIP   |  |  |    |          |
| STREET ADDRESS  |                                       |   |   |  |  |    |          |
| CITY-ST-ZIP   |                                       |   |   |  |  |    |          |
| DOCUMENT #  |                                       |   | STREET ADDRESS  |  |  |    |          |
| NAME  |                                       |   | CITY-ST-ZIP   |  |  |    |          |
| STREET ADDRESS  |                                       |   |   |  |  |    |          |
| CITY-ST-ZIP   |                                       |   |   |  |  |    |          |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Adam Schlesinger</u> DATE: _____ DAYTIME PHONE #: _____   |                                       |   |   |  |  |    |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  |                                       |   |   |  |  |    |          |
| Adam Schlesinger, Pres  |                                       |   |   |  |  |    |          |