


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # B04000000249 1. Entity Name ST. JAMES CLUB LIMITED PARTNERSHIP	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 24 AM 9:10

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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E003 (10/05)

City & State Zip Country	City & State Zip Country
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4. FEI Number AP-PLIED FOR	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 # B04000000248 NAME ST. JAMES CLUB GP LIMITED PARTNERSHIP STREET ADDRESS 250 S. AUSTRALIAN AVENUE, STE. 1003 CITY-ST-ZIP WEST PALM BEACH FL 33401	STREET ADDRESS CITY-ST-ZIP
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400074703844
 05/17/06--01008--022 **500.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____