


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

|   |   |
|---|---|
| <b>DOCUMENT # B04000000249</b><br>1. Entity Name<br><b>ST. JAMES CLUB LIMITED PARTNERSHIP</b> |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business<br><b>2711 CENTERVILLE ROAD, STE. 400<br/>WILMINGTON DE 19808</b> | Mailing Address<br><b>250 S. AUSTRALIAN AVENUE, STE. 1003<br/>WEST PALM BEACH FL 33401</b> |
|---|--|


|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br>Zip      Country | City & State<br>Zip      Country |
|----------------------------------|----------------------------------|

FILED

2007 APR 30 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE      CR2E003 (10/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>AP-PLIED FOR</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE FL 32301-2525</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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, 2007, 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                          | STREET ADDRESS           |                               |
| NAME                            | ST. JAMES CLUB GP LIMITED PARTNERSHIP | CITY - ST - ZIP          | 300102539353                  |
| STREET ADDRESS                  | 250 S. AUSTRALIAN AVENUE, STE: 1003   |                          | 05/15/07--01049--013 **500.00 |
| CITY - ST - ZIP                 | WEST PALM BEACH FL 33401              |                          |                               |
| DOCUMENT #                      |                                       | STREET ADDRESS           |                               |
| NAME                            |                                       | CITY - ST - ZIP          |                               |
| 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                 |                                       |                          |                               |
| 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 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