

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -6 AM 8:54

DOCUMENT # B04000000249

1. Entity Name
 ST. JAMES CLUB LIMITED PARTNERSHIP



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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
 1801 S. Australian Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 West Palm Beach FL

Zip

Country

Zip
 33409

Country

04142008

Chg-LP

CR2E003 (12/06)

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 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

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

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 # 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 1801 S. Australian Ave
 CITY-ST-ZIP West Palm Beach FL 33409

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP 300128362109
 05/05/08--01015--002 **\$500.00

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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