

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

DOCUMENT # B05000000375

1. Entity Name

BEACH ROAD DEVELOPMENT, L.P.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 10:39

Principal Place of Business

13155 NOEL ROAD, LB 54, SUITE 700
DALLAS TX 75240

Mailing Address

13155 NOEL ROAD, LB 54, SUITE 700
DALLAS TX 75240



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

[Handwritten signature]

1st MOORE

CR2E003 (10/05)

4. FEI Number

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. * 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 # M05000004706
NAME ROCKPOINT NAPLES GP, L.L.C.
STREET ADDRESS 13155 NOEL ROAD, SUITE 700
CITY-ST-ZIP DALLAS TX 75240

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # A05000000471
NAME RONTO BEACH ROAD DEVELOPMENTS, LTD.
STREET ADDRESS 3185 SOUTH HORSESHOE DRIVE
CITY-ST-ZIP NAPLES FL 34104

STREET ADDRESS

CITY-ST-ZIP

300074071483
05/05/06--01038--027 **500.00

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STREET ADDRESS
CITY-ST-ZIP

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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:

[Handwritten signature]

Patrick K. Fox, Authorized Representative

March 29, 2006

972-934-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Representative Date

Daytime Phone #

STAPLE CHECK HERE