


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # B98000000435

1. Entity Name
TIBURON GOLF VENTURES LIMITED PARTNERSHIP



Principal Place of Business 24301 WALDEN CENTER DRIVE #300 BONITA SPRINGS, FL 34134	Mailing Address 24301 WALDEN CENTER DRIVE #300 BONITA SPRINGS, FL 34134
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3520724	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HASTINGS, VIVIEN N
 24301 WALDEN CENTER DRIVE #300
 BONITA SPRINGS, FL 34134**

DO NOT WRITE IN THIS SPACE

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

U00000756520
 05/23/07 00004 011 500.00
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F98000003366 TIBURON GOLF VENTURES, INC. 24301 WALDEN CENTER DRIVE #300 BONITA SPRINGS, FL 34134
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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: James Cullen **James Cullen VP of General Partner 4/28/07 239 498 8944**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #