


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # B99000000280 1. Entity Name LELY GOLF VILLAS I LIMITED PARTNERSHIP					
Principal Place of Business 8825 TAMIAMI TRAIL EAST NAPLES, FL 34113 US			Mailing Address 8825 TAMIAMI TRAIL EAST NAPLES, FL 34113 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		

FILED

2007 APR 30 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03222007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3540447	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 BOBROW, JOEL 8825 TAMIAMI TRAIL EAST NAPLES, FL 34113	7. Name and Address of New Registered Agent Name Constance B. Burke Street Address (P.O. Box Number is Not Acceptable) <div style="display: flex; justify-content: space-between;"> 1107 West Marion Avenue Suite 112 </div> <div style="display: flex; justify-content: space-between;"> City Punta Gorda <div style="border-left: 1px solid black; padding-left: 10px;"> FL Zip Code 33950 </div> </div>
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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 Constance M Burke DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
WESTBROOK LELY GOLF VILLAS I, L.L.C. 8825 TAMIAMI TRAIL EAST NAPLES, FL 34113	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
	<div style="border: 1px solid black; padding: 2px;"> 800101971608 05/09/07--01045--005 **500.00 </div>
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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 #

4/30/07 239 774 6333