


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000000805		
1. Entity Name VILLAGE AT LAKE HIGHLAND LIMITED PARTNERSHIP		

Principal Place of Business 209 TOWN CENTER BLVD. DAVENPORT, FL 33896	Mailing Address 209 TOWN CENTER BLVD. DAVENPORT, FL 33896
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01122006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3619449	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent	
CORPORATION SERVICE COMAPNY 1201 HAYS STRET TALLAHASSEE, FL 32301	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

9. 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 \$500.00
After May 1, 2006, 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 #	GP0800001039	STREET ADDRESS	
NAME	VILLAGE PARTNERS	CITY-ST-ZIP	
STREET ADDRESS	209 TOWN CENTER BLVD		
CITY-ST-ZIP	DAVENPORT, FL 33896		
DOCUMENT #	A00000001910	STREET ADDRESS	000000432724
NAME	SHLP VILLAGE AT LAKE HIGHLAND, LTD.	CITY-ST-ZIP	02/23/06 80073-017 500.00
STREET ADDRESS	8110 EAST UNION AVENUE, SUITE 200		
CITY-ST-ZIP	DENVER, CO 80237		
DOCUMENT #		STREET ADDRESS	
NAME		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:  **1/26/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE