

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A04000000484**

1. Entity Name  
**THE VILLAGES AT HALIFAX HOUSING, LTD., LLLP**



Principal Place of Business  
**247 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714**

Mailing Address  
**247 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714**



03182008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-0917784**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**COSTOLO, W. TERRY  
301 EAST PINE STREET, SUITE 1400  
ORLANDO, FL 32801**

**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

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**

DOCUMENT # **L05000109973**  
NAME **PICERNE HALIFAX HOUSING, LLC**  
STREET ADDRESS **247 NORTH WESTMONTE DRIVE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

DOCUMENT # **P04000050409**  
NAME **VILLAGES AT HALIFAX PARTNERS, INC.**  
STREET ADDRESS **211 NORTH RIDGEWOOD AVENUE #200**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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05/22/08-80028-028 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

**Jan Heflinger**

**04/25/08**

**(407) 772-0200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE