



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 9:44

DOCUMENT # A05000000899					
1. Entity Name SPANISH SPRINGS, LTD.					
Principal Place of Business 880 S. PLEASANTBURG DRIVE, SUITE 3-G GREENVILLE, SC 29607			Mailing Address 1020 LAKE SUMTER LANDING THE VILLAGES, FL 32162		
2. Principal Place of Business 60 Pointe Circle Suite, Apt. #, etc.		3. Mailing Address 60 Pointe Circle Suite, Apt. #, etc.		 04142006 Chg-LP CR2E003 (11/05)	
City & State Greenville SC		City & State Greenville SC			
Zip 29615		Country Greenville		4. FEI Number 87-0753118	
Zip 29615		Country Greenville		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF ORLANDO 300 S. ORANGE AVE., SUITE 1000 (DCJ) ORLANDO, FL 32801			7. Name and Address of New Registered Agent		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	L05000045065		STREET ADDRESS		
NAME	VILLAGES HOTEL INVESTOR, LLC		CITY-ST-ZIP		
STREET ADDRESS	60 Pointe Circle				
CITY-ST-ZIP	Greenville, SC 29615				
DOCUMENT #			STREET ADDRESS	700074620997	
NAME			CITY-ST-ZIP	05/15/06--01035--008 **508.75	
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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					
VILLAGES HOTEL INVESTOR, LLC, a Florida limited liability company By: HORIZON HOTEL, LLC, a South Carolina limited liability company, Manager 407-835-6753 SIGNATURE: <u>Asmuck P. Raina</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date _____ Daytime Phone # _____	

STAPLE CHECK HERE