## 2006 LIMITED RARTHERSHIP ANNUAL REPORT

## **FILED** Due By May 1, 2006 Mar 31, 2006 08:00 AM Secretary of State DOCUMENT # A20913 1. Entity Name THE CLOISTERS OF COUNTRYSIDE, LTD. Principal Place of Business Mailing Address 8210 LAKEWOOD RANCH BLVD. 8210 LAKEWOOD RANCH BLVD, BRADENTON, FL 34202 BRADENTON, FL 34202 03022008 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2599051 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HEIM, PRISCILLA G DO NOT WRITE 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202 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 prioted deme of registered agent and title if applicable. FILE NOW!!! FEE 13 \$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 L02000012926 DOCUMENT # MART PROPERTIES LLC NAME STREET ADDRESS 8210 LAKEWOOD RANCH BLVD. H00808485850 CITY-ST-ZIP BRADENTON, FL 34202 U4/13/06-80012-001 SOO.00 DOCUMENT # MAME STREET ADDRESS CITY-ST-ZIP DCCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENS # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

Supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Panner of the limited partnership of to execute this report as regulated by Chapter 620, Florida Statutes 14. I hereby certify that the information indicated on this report is true and or the receiver or trustee employee

**SIGNATURE:** 

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS City-S1-ZIP

NATURE AND TYPED OR PRINTED NAME OF STONING GENERAL PARTNER

Daytime Phone #