

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000001084

1. Entity Name
THE ESTATES AT TWINEAGLES, LTD.



Principal Place of Business
9990 COCONUT RD., #200
BONITA SPRINGS, FL 34135

Mailing Address
9990 COCONUT RD., #200
BONITA SPRINGS, FL 34135



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112006

Chg-LP

CR2E003 (11/05)

4. FEI Number

59-3449667

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RESOURCE CONSERVATION PROPERTIES, INC.
9990 COCONUT RD., #200
BONITA SPRINGS, FL 34135

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

Signature, typed or printed name of registered agent and fee if applicable.

DATE

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 # **L00000010191**
NAME **RCP/TE MANAGEMENT LLC**
STREET ADDRESS **9990 COCONUT RD., #200**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

STREET ADDRESS

CITY-ST-ZIP

1100000475736
04/05/06-80027-022 508.75

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/20/06
Date

Daytime Phone #

STAPLE CHECK HERE