

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000001516			
1. Entity Name ARBOR OAKS AT GREENACRES, LTD.			
Principal Place of Business 360 CENTRAL AVENUE ST PETERSBURG, FL 33701		Mailing Address 360 CENTRAL AVENUE ST PETERSBURG, FL 33701	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		03112005	Chg-LP CR2E003 (10/03)
		4. FEI Number 59-3597614	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAIRE, NANCY C 360 CENTRAL AVENUE ST PETERSBURG, FL 33701		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 _____ Signature, typed or printed name of registered agent and title if applicable.			
9. Capital Contributions as Shown on record. \$500.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 #	P99000074545	STREET ADDRESS	
NAME	SYNERGY PROPERTIES-GREENACRES, INC.	CITY - ST - ZIP	
STREET ADDRESS	1109 ABBEYS WAY		
CITY - ST - ZIP	TAMPA, FL 33602		
DOCUMENT #		STREET ADDRESS	000000331179
NAME		CITY - ST - ZIP	04/26/05-80006-017 141.25
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____		ARBOR OAKS AT GREENACRES, LTD. By: Synergy Properties-Greenacres, Inc. 4/11/05 Douglas E. Weber, President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	

STAPLE CHECK HERE