2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2008 Mar 03, 2008 08:00 A **DOCUMENT # A05000001597** Secretary of State LAS VENTANAS AT BOYNTON BEACH, LTD. Principal Place of Business Mailing Address 359 CAROLINA AVENUE 359 CAROLINA AVENUE WINTER PARK, FL 32789 WINTER PARK, FL 32789 US 01082008 No Chg-LP CR2E003 (12/06) Applied For 4. FEI Number 20-3320420 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOWNING, GRANT T DO NOT WRITE 222 WEST COMSTOCK AVENUE **SUITE 101** IN THIS SPACE WINTER PARK, FL 32789 Land to the state of the state 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, typed or printed name of registered agent and little if applicable 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 GENERAL PARTNER INFORMATION 12. P05000111611 DOCUMENT # NAME EPI-BOYNTON EQUITY, INC. STREET ADDRESS 359 CAROLINA AVENUE CITY-ST-7/P WINTER PARK, FL 32789 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME

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:

STREET ADDRESS CITY-ST-ZIP DOCUMENT #

STREET ADDRESS CITY-ST-7IP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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