

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000000379

1. Entity Name
GARDENS OF DAYTONA, LTD.



Principal Place of Business
**5505 N. ATLANTIC AVE.
#115
COCOA BEACH, FL 32931 US**

Mailing Address
**5505 N. ATLANTIC AVE.
#115
COCOA BEACH, FL 32931**



01042006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0985608

Applied For
☐ Not Applicable

3. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCPHILLIPS, JACQUELINE
5505 N. ATLANTIC AVE, SUITE 115
COCOA BEACH, FL 32931**

**DO NOT WRITE
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 printed name of registered agent and title if applicable.

1100000401790
02/02/06 00061 001 500.75

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

DOCUMENT # **N46775**
NAME **AFFORDABLE HOUSING SOLUTIONS FOR FLORIDA**
STREET ADDRESS **1108 KANE CONCOURSE #307**
CITY-ST-ZIP **BAY HARBOR ISLANDS, FL 33154**

DOCUMENT # **L00000012912**
NAME **GARDENS OF DAYTONA, L.L.C.**
STREET ADDRESS **5505 N. ATLANTIC AVE, SUITE 115**
CITY-ST-ZIP **COCOA BEACH, FL 32931**

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STAPLE CHECK HERE

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

Date

Daytime Phone #