



**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # A00000001041</b> 1. Entity Name AUDUBON OAKS, LTD.						03 MAY -1 AM 9:41 SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business 360 CENTRAL AVE ST PETERSBURG, FL 33701				Mailing Address 360 CENTRAL AVE 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				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HAIRE, NANCY C 360 CENTRAL AVE ST PETERSBURG, FL 33701				Name <u>Lawrence R. DeMarney, III</u> Street Address (P.O. Box Number is Not Acceptable) <u>777 S. Harbour Island Blvd.</u> <u>Suite 260</u> City <u>Tampa</u> <span style="float: right;">FL Zip Code <u>33629</u></span>			
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 <u>Lawrence R. DeMarney, III</u> , <u>Lawrence R. DeMarney, III</u> <span style="float: right;">4-18-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>							
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>							
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT #	P00000058575			STREET ADDRESS	<div style="text-align: center; font-size: 1.2em;">100074659811</div> <div style="text-align: center; font-size: 0.8em;">05/16/06--01019--003 **\$500.00</div>		
NAME	SYNERGY PROPERTIES-LAKELAND, INC.			CITY-ST-ZIP			
STREET ADDRESS	1109 ABBEYS WAY						
CITY-ST-ZIP	TAMPA, FL 33602						
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
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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: <u>[Signature]</u> <u>Synergy Properties - Lakeland, Douglas E. Weber, President</u> <span style="float: right;">4-18-06 221-3344</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>							

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