


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAY -1 AM 9:37

DOCUMENT # A00000001552 1. Entity Name WATERFORD PARK AT WATERFORD LAKES, LTD.	
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Principal Place of Business 1768 PARK CENTER DR., SUITE 270 ORLANDO, FL 32835	Mailing Address 1768 PARK CENTER DR., SUITE 270 ORLANDO, FL 32835
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2. Principal Place of Business 1768 Park Center Drive Suite, Apt. #, etc. Suite 400 City & State Orlando, FL Zip 32835	3. Mailing Address 1768 Park Center Drive Suite, Apt. #, etc. Suite 400 City & State Orlando, FL Zip 32835
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04272006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent WHWW, INC. 390 N. ORANGE AVE., SUITE 1500 ORLANDO, FL 32801	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

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 #	F00000005722	STREET ADDRESS	1768 Park Center Drive, Suite 400
NAME	WATERFORD PARK DEVELOPMENT CORP.	CITY-ST-ZIP	Orlando, FL 32835
STREET ADDRESS	1768 PARK CENTER DR., SUITE 270		
CITY-ST-ZIP	ORLANDO, FL 32835		
DOCUMENT #		STREET ADDRESS	
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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]* Date: 4/28/2006 Daytime Phone #: (407)294-6400

STAPLE CHECK HERE