2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

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ļ	DOCUMENT # A0100000652 1. Entity Name							וע	ISION /	$\frac{1}{2}R$	OF STATE
- 1		PARTNERS OF HEATHR							,, C.	PORATION	
	·							l	6 APR 2	24	^{MPOR} ATION AM 9:
ŀ	Principal Place	of Business	Mailing Address								"" 3: 11
	120 INTERNATIONAL PARKWAY, SUITE 220 120 INTERNATIONAL PA				y, suite 220	0					
	HEATHROW, I	rL 32/46	HEATHROW, FL 32746	3			0 /				
-	2. Principal Place of Business 3. Mailing Address 801 International Parkway 801 Internat				al Pku	D					
t	Suite, Apt. #, etc. Suite, Apt. #, etc.					-/-	04162006	Chg-LP	CR2	E003 /	(11/05)
-		e 500	Su, te 500 City & State								Applied For
	City & State	row FL	Heathrow, FL				4. FEI Numbe 59-3727				Not Applicabl
	3274	6 Country SA	zip 32746	Cour	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		5. Certificate	of Status Desire	d 🗅		.75 Additional Required
ſ	6. Name and Address of Current Registered Agent				Name		7. Name and	Address of Ne	w Registere	d Ager	ıt
	SUNDSTROM, DAVID J				L	Javi		Sund		<u>u</u>	
1	120 INTERNATIONAL PARKWAY, SUITE 220				Street Ad	dress (P	O. Box Numbe	r is Not Accept	able)		
	HEATHROW, FL 32746					1 .	500			y	
					City L	<u>د د</u>	1		F		Zip Code 32746
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	The above namely entity submits this statement for the purpose of changing its regist the obligations of egistered agent.				red dilice or i	ogistera	d agent, or both	ii, iii uid State C	TIONGE. TO	pii i	
1	SIGNATURE								4-1	4 -	.06
-	Signature, typed or privide name throughered agent and title if applicable.								DATI	E	
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00										
Ì	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 amendation GENERAL PARTNER INFORMATION 13.						must be me		CHANGES C		<u> </u>
ŀ	DOCUMENT #	P01000047970		_	REET ADDRESS	0.1	T 4-				<u> </u>
ļ	NAME	SUNVESTPARTNERS OF HEATHROW, INC. S 120 INTERNATIONAL PARKWAY, SUITE 220			-		ol International Pkwy, Ste 500				
	STREET ADDRESS CITY-ST-ZIP	HEATHROW, FL 32746	r, Suite 220	CIT	Y-ST-ZIP	He	eathr	ow F	こ 3	2	7 46
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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 it 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										
									u.	7 (29.7373
	SIGNATURE:						4-1	14-06 Date	70		1. 29 · 72 / 3
SIGNATURE AND TYPED OR PRINCES NAME OF SIGNING GENERAL PARTNER										Jayar	