


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 24 AM 9:11

DOCUMENT # A01000000652	
1. Entity Name SUNVEST PARTNERS OF HEATHROW, LTD.	

Principal Place of Business 120 INTERNATIONAL PARKWAY, SUITE 220 HEATHROW, FL 32746	Mailing Address 120 INTERNATIONAL PARKWAY, SUITE 220 HEATHROW, FL 32746
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2. Principal Place of Business 801 International Parkway	3. Mailing Address 801 International Pkwy
Suite, Apt. #, etc. Suite 500	Suite, Apt. #, etc. Suite 500
City & State Heathrow FL	City & State Heathrow, FL
Zip 32746 Country USA	Zip 32746 Country USA

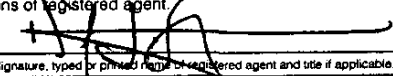
04162006 Chg-LP CR2E003 (11/05)

4. FEI Number
59-3727101 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent SUNDSTROM, DAVID J 120 INTERNATIONAL PARKWAY, SUITE 220 HEATHROW, FL 32746	7. Name and Address of New Registered Agent Name David J. Sundstrom Street Address (P.O. Box Number is Not Acceptable) 801 International Parkway Suite 500 City Heathrow FL Zip Code 32746
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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 **4-14-06**

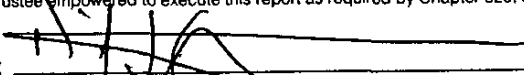
**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	P01000047970 SUNVESTPARTNERS OF HEATHROW, INC. 120 INTERNATIONAL PARKWAY, SUITE 220 HEATHROW, FL 32746	STREET ADDRESS CITY-ST-ZIP	801 International Pkwy, Ste 500 Heathrow, FL 32746
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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:  DATE **4-14-06** DAYTIME PHONE # **707 829-7373**