


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

74

<b>DOCUMENT # A01000001564</b>		
1. Entity Name <b>LION'S HEAD APARTMENTS, LTD.</b>		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 24 AM 10:24

Principal Place of Business <b>4721 UNIVERSITY DRIVE CORAL GABLES FL 33146</b>	Mailing Address <b>C/O R &amp; S MGMT. CO. 5821 REDDMAN ROAD CHARLOTTE NC 28212</b>
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2. Principal Place of Business		3. Mailing Address <i>to RAS MGMT</i> <b>1981 J.N. PEASE PL</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 101</b>	
City & State		City & State <b>Charlotte, NC</b>	
Zip	Country	Zip	Country
<b>28262-4529</b>	<b>USA</b>		

*[Signature]*

1st MOORE CR2E003 (10/05)

4. FEI Number <b>65-1155570</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SORKIN, LAWRENCE 4721 UNIVERSITY DRIVE CORAL GABLES FL 33146</b>
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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

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	P01000112587	STREET ADDRESS	
NAME	LION'S HEAD INVESTMENT GROUP, INC.	CITY-ST-ZIP	
STREET ADDRESS	4721 UNIVERSITY DRIVE		
CITY-ST-ZIP	CORAL GABLES FL 33146		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

**800074080918**  
**05/05/06--01048--029 \*\*500.00**

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]* **LAWRENCE SORKIN** 4-6-06 704-548-0226  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #