

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # A02000000018

1. Entity Name
G.L. HOMES OF SILVER FALLS ASSOCIATES, LTD.

Principal Place of Business
**1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS, FL 33071**

Mailing Address
**1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS, FL 33071**

2. Principal Place of Business
1600 Sawgrass Corp Pkwy

3. Mailing Address
1600 Sawgrass Corp Pkwy



Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

04032006 Chg-LP CR2E003 (11/05)

City & State
Sunrise, FL

City & State
Sunrise, FL

4. FEI Number
60-0001191

Applied For
Not Applicable

Zip
33323

Country
USA

Zip
33323

Country
USA

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

6. Name and Address of Current Registered Agent

**G.L. HOMES OF MIRAMAR III CORPORATION
1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1600 Sawgrass Corporate Parkway, #300
City **Sunrise** FL Zip Code **33323**

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

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

4/25/06
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
DOCUMENT # **P01000085101**
NAME **G.L. HOMES OF MIRAMAR III CORPORATION**
STREET ADDRESS **1401 UNIVERSITY DRIVE, SUITE 200**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

13. ADDRESS CHANGES ONLY
STREET ADDRESS **1600 Sawgrass Corp Pkwy #300**
CITY-ST-ZIP **Sunrise, FL 33323**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
900074694079
CITY-ST-ZIP **05/17/06---01003---011 **508.75**

DOCUMENT #
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

N MARIA MENENDEZ, VICE PRESIDENT

4/27/06

Date

954-753-1730

Daytime Phone #

STAPLE CHECK HERE