

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR -3 AM 10: 04

DOCUMENT # A02000000248

1. Entity Name
 BELLAVISTA AT MIROMAR LAKES LIMITED
 PARTNERSHIP



Principal Place of Business
 4770 ALBERTON COURT, SUITE 2602
 NAPLES, FL 34105

Mailing Address
 4770 ALBERTON COURT, SUITE 2602
 NAPLES, FL 34105

2. Principal Place of Business
 2245 Venetian Court

3. Mailing Address
 2245 Venetian Court

Suite, Apt. #, etc.
 Building 4

Suite, Apt. #, etc.
 Building 4

02212006 Chg-LP CR2E003 (11/05)

City & State
 Naples, FL

City & State
 Naples, FL

4. FEI Number
 27-0003082

Applied For
 Not Applicable

Zip
 34109

Country
 USA

Zip
 34109

Country
 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BATEMAN, ARTHUR L
 4770 ALBERTON COURT, SUITE #2602
 NAPLES, FL 34105

Name
 Bateman, Arthur L.

Street Address (P.O. Box Number is Not Acceptable)

2245 Venetian Court

Building 4

City Naples

FL

Zip Code 34109

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]

✓ 2-28-06

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

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 #	P01000122280	STREET ADDRESS	2245 Venetian Court, Bldg 4
NAME	BELLAVISTA AT MIROMAR LAKES, INC.	CITY-ST-ZIP	Naples, FL 34109
STREET ADDRESS	4770 ALBERTON COURT, SUITE 2602		
CITY-ST-ZIP	NAPLES, FL 34105		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	000058092210
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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]

✓ 2-28-06

(239) 430-1012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE