

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 27 AM 10:41

DOCUMENT # A03000001582					
1. Entity Name SAN MARINO 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 20-0363319	
Zip 34109		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BATEMAN, ARTHUR L 4770 ALBERTON COURT, #2602 NAPLES, FL 34105				7. Name and Address of New Registered Agent 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				DATE 3/18/06	
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 #	P03000122653		STREET ADDRESS	2245 Venetian Court, Bldg 4	
NAME	SAN MARINO AT MIROMAR LAKES, INC.		CITY-ST-ZIP	Naples, FL 34109	
STREET ADDRESS	4770 ALBERTON COURT, SUITE 2602				
CITY-ST-ZIP	NAPLES, FL 34105				
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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:				DATE 3/18/06 2394301012	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					

STAPLE CHECK HERE