2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE CHECK HERE

DOCU 1. Entity Nam LEE COL					06 _\$ <u>5</u>	1-14AV	-ED -PHP4: 3521			
Principal Plac 1401 UNIVE CORAL SPRIN	RSITY DRIVE	M SUITE 200	Mailing Address 1401 UNIVERSITY DRIVEM SUITE 200 CORAL SPRINGS, FL 33071				IAL	e affaiss	YUF STAFATE BEGELORIONO,	
Principal Place of Business Mailing Address										
· `		s Corp Pkwy	3. Mailing Address 1600 Sawgras	3. Mailing Address 1600 Sawgrass Corp Pkwy						
Suite, Apt. Suite	#, etc.	1	Suite, Apt. #, etc. Suite 300				03312006	Chg-LP	CR2E003	(11/05)
City & State			City & State				4. FEI Number			Applied For
Sunrise, FL			Sunrise, FL Zip Country				20-0783	625		Not Applicable
33323		Country USA	333323	ÜS	A A		5. Certificate o	f Status Desired		.75 Additional Required
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
GRANT, MARK F 200 EAST BROWARD BLVD., SUITE 1500					Street Address (P.O. Box Number is Not Acceptable)					
FORT LAUDERDALE, FL 33301										
					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 act the obligations of registered agent.										iliar with, and accept
SIGNATURE 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.										er.
12.	GENERAL PARTNER INFORMATION							ADDRESS CHA		
DOCUMENT # NAME	P04000035111 LEE COUNTY HOMES I CORPORATION				ET ADDRESS	160	Λ	o Comp Die	···· #300	
STREET ADDRESS	1401 UNI	VERSITY DRIVEM SUIT	· · · - · · ·			1600 Sawgrass Corp Pkwy #300				
CORAL SPRINGS, FL 33071 DOCUMENT /					Sunrise, FL			33323		
NAME				STR	ET ADDRESS					
STREET AODRESS CITY-ST-ZIP					-ST-ZIP					
DOCUMENT # NAME	1					100074758731 05/17/0601025005 **500.00				
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP					
DOCUMENT # NAME				STR	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP					
DOCUMENT # NAME				STR	ET ADDRESS			42.130		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP					
DOCUMENT # NAME				STR	ET ADDRESS					
STREET ADDRESS CITY ST-ZIP					-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 pertnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes N. MARA MERDOZ VC RESORT										