

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 9:43

DOCUMENT # A04000000792

1. Entity Name
 FLORIDA VINERIDGE HOLDINGS, LTD.



Principal Place of Business
 8402 LAUREL FAIR CIR
 SUITE 205
 TAMPA, FL 33610

Mailing Address
 8402 LAUREL FAIR CIR
 SUITE 205
 TAMPA, FL 33610

2. Principal Place of Business

3. Mailing Address

9260 Bay Plaza Blvd
 Suite, Apt. #, etc.
 501

9260 Bay Plaza Blvd
 Suite, Apt. #, etc.
 501

City & State
 TAMPA FL
 Zip
 33619
 Country

City & State
 TAMPA FL
 Zip
 33619
 Country

03312006 Chg-LP CR2E003 (11/05)

4. FEI Number
 30-0252757

Applied For
 Not Applicable

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

NASH, THOMAS C II
 625 COURT STREET
 SUITE 200
 CLEARWATER, FL 33756

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

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 # L04000036701
 NAME FLORIDA VINERIDGE REALTY, LLC
 STREET ADDRESS 8402 LAUREL FAIR CIR, SUITE 205
 CITY-ST-ZIP TAMPA, FL 33610

STREET ADDRESS 9260 Bay Plaza Blvd #501
 CITY-ST-ZIP TAMPA FL 33619

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
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DOCUMENT #
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 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE