

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000001304

1. Entity Name
ACKERMAN-WCI LIMITED PARTNERSHIP



Principal Place of Business
**24311 WALDEN CENTER DRIVE, STE 300
BONITA SPRINGS, FL 34134 US**

Mailing Address
**24311 WALDEN CENTER DRIVE, STE 300
BONITA SPRINGS, FL 34134 US**



01252006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1491853

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ACKERMAN, DON E.
C/O CHANDELLE VENTURES, INC.
24311 WALDEN CENTER DRIVE, STE 300
BONITA SPRINGS, FL 34134**

**DO NOT WRITE
IN THIS SPACE**

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

DOCUMENT # **P04000115975**
NAME **ACKERMAN-WCI, INC.**
STREET ADDRESS **24311 WALDEN CENTER DRIVE, STE 300**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

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U00000422573
02/17/06-80023-005 508.75

**DO NOT WRITE
IN THIS SPACE**

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

1/30/06

(239) 949-5160

Date

Daytime Phone

STAPLE CHECK HERE