


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

2006 APR 20 AM 10: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # A05000000229</b>	
1. Entity Name <b>KANAPAHA VILLAS, LTD.</b>	

Principal Place of Business <b>11635 NW 1ST AVENUE GAINESVILLE, FL 32607</b>	Mailing Address <b>11635 NW 1ST AVENUE GAINESVILLE, FL 32607</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03012006 Chg-LP CR2E003 (11/05)

4. FEI Number <b>20-2312106</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
<b>HALE, JEFFREY W 11635 NW 1ST AVENUE GAINESVILLE, FL 32607</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 #	<b>L05000008453</b>
NAME	<b>KANAPAHA VILLAS, LLC</b>
STREET ADDRESS	<b>11635 NW 1ST AVENUE</b>
CITY-ST-ZIP	<b>GAINESVILLE, FL 32607</b>

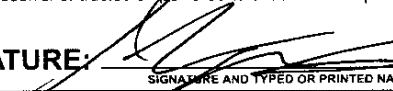
**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**700072416427**  
**04/27/06--01041--024 \*\*508.75**

STAPLE CHECK HERE

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:**  **Kanapaha Villas, LLC, General Partner**  
**By: John M. Curtis** **04/18/06** **352-332-0838**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #