


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 JUL 21 AM 11:48

DOCUMENT # A05000000314 1. Entity Name ISLAND HORIZONS HOUSING LIMITED PARTNERSHIP	
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Principal Place of Business 2335 NORTH BANK DRIVE COLUMBUS, OH 43220	Mailing Address 2335 NORTH BANK DRIVE COLUMBUS, OH 43220
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2. Principal Place of Business 2335 North Bank Dr. Suite, Apt. #, etc.	3. Mailing Address 2335 North Bank Dr. Suite, Apt. #, etc.
City & State Columbus, OH	City & State Columbus, OH
Zip 43220	Country USA
Zip 43220	Country USA

07062006 Chg-LP CR2E003 (11/05)

4. FEI Number
20-2325539

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	N05000001391	STREET ADDRESS	
NAME	ISLAND HORIZONS HOUSING, INC.	CITY-ST-ZIP	
STREET ADDRESS	2335 NORTH BANK DRIVE		
CITY-ST-ZIP	COLUMBUS, OH 43220		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

700078285547
 08/02/06 01065-014 **\$500.00

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: Joseph R. Kasberg 7/11/06 614-451-2151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #