## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A05000000541

Entity Name: MEDICAL ARTS AT VILLAGE CENTER, LTD.

1166 W. NEWPORT CENTER DRIVE, SUITE 114

DEERFIELD BEACH, FL 33442

Address: City-St-Zip: FILED Apr 29, 2006 Secretary of State

Current Pr	incipal Place of Business:	New Principal Place of Business:	
	EWPORT CENTER DRIVE, SUITE 114 D BEACH, FL 33442		
Current Mailing Address:		New Mailing Address:	
	EWPORT CENTER DRIVE, SUITE 114 D BEACH, FL 33442		
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
	AMES L EWPORT CENTER DRIVE, SUITE 114 D BEACH, FL 33442 US		
The above in the State	named entity submits this statement for the pu of Florida.	urpose of changing its registered	d office or registered agent, or both
SIGNATUR	E:		
	Electronic Signature of Registered Ager	nt	Date
GENERAL PARTNER INFORMATION:		ADDRESS CHANGES ONL	Y:
Document #:	L04000022418 MEDICAL ARTS AT VILLAGE CENTER, LLC		

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES L. YOUNG MR. 04/29/2006