


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

APR 24 AM 10:18

DOCUMENT # A05000001229	
1. Entity Name THE SHOPPES AT PLANTATION VILLAGE, LTD.	

Principal Place of Business % BOULDER VENTURE SOUTH, LLC 2226 STATE ROAD 850 CLEARWATER, FL 33763	Mailing Address % BOULDER VENTURE SOUTH, LLC 2226 STATE ROAD 850 CLEARWATER, FL 33763
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02012006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-3064018	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 CONROY, J. THOMAS III CONROY, CONROY & DURANT, P.A. 2640 GOLDEN GATE PARKWAY, SUITE 115 NAPLES, FL 34105	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	A00000000733 KB INVESTMENT HOLDINGS, LTD. 2226 STATE ROAD 580 CLEARWATER, FL 33763	STREET ADDRESS CITY - ST - ZIP	700074177887 05/08/06-01011-010 **500.00
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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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date 2/8/06 (727) 499-2226 Daytime Phone #