


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

10-01-FILED 00.58

06 MAY -1 PM 2:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A05000001272	
1. Entity Name REALVEST LUCIEN WAY INVESTMENT, LTD.	

Principal Place of Business 2200 LUCIEN WAY, SUITE 350 MAITLAND, FL 32751	Mailing Address 2200 LUCIEN WAY, SUITE 350 MAITLAND, FL 32751
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

03312006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent TATICH, PHILIP 341 NORTH MAITLAND AVE., SUITE 340 MAITLAND, FL 32751	
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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
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 #	L05000063861	STREET ADDRESS	
NAME	GP LUCIEN, LLC	CITY-ST-ZIP	
STREET ADDRESS	2200 LUCIEN WAY, SUITE 350		
CITY-ST-ZIP	MAITLAND, FL 32751		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

600075028046
05/22/06--01043--030 **\$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: [Signature] 4/26/06 407-875-9989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #