

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

**DOCUMENT # A05000001400**

1. Entity Name  
 LOT 15, BOCA ROSA, LTD.



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR -7 AM 9:14

Principal Place of Business  
 9319 WEST SAMPLE ROAD  
 SUITE 203  
 CORAL SPRINGS, FL 33065

Mailing Address  
 9319 WEST SAMPLE ROAD  
 SUITE 203  
 CORAL SPRINGS, FL 33065

2. Principal Place of Business

9393 W. Sample Rd.  
 Suite #201  
 Coral Springs, FL  
 33065

3. Mailing Address

9393 W. Sample Rd.  
 Suite #201  
 Coral Springs, FL  
 33065

03272006 Chg-LP CR2E003 (11/05)

4. FEI Number

26-0123947

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GILLESPIE, R. BOWEN III  
 1515 SOUTH FEDERAL HIGHWAY  
 SUITE 306  
 BOCA RATON, FL 33432

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

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

DATE

**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 # P96000076976  
 NAME J. D. LANDON, INC.  
 STREET ADDRESS 9319 WEST SAMPLE ROAD  
 CITY-ST-ZIP CORAL SPRINGS, FL 33065

STREET ADDRESS 9393 W. Sample Rd.- #201  
 CITY-ST-ZIP Coral Springs, FL 33065

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

700072389607  
 04/27/06--01038--002 \*\*\$500.00

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STREET ADDRESS  
 CITY-ST-ZIP

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

Daytime Phone #

J. DARRELL LANDON 3/27/06 954-344-1908

STAPLE CHECK HERE