


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

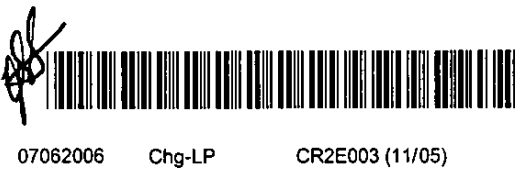
FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 JUL 21 AM 11:48

DOCUMENT # A05000001790		
1. Entity Name SILVER SANDS SENIOR HOUSING LIMITED PARTNERSHIP		

Principal Place of Business 2335 NORTH BANK DRIVE COLUMBUS, OH 43220 US	Mailing Address 2335 NORTH BANK DRIVE COLUMBUS, OH 43220 US
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2. Principal Place of Business <i>2335 North Bank Dr.</i>	3. Mailing Address <i>2335 North Bank</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State <i>Columbus, OH</i>	City & State <i>Columbus, OH</i>	4. FEI Number <i>20-3513077</i>	Applied For Not Applicable
Zip <i>43220</i>	Country <i>USA</i>	Zip <i>43220</i>	Country <i>USA</i>

07062006	Chg-LP	CR2E003 (11/05)
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		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

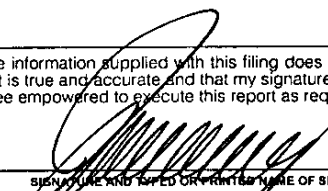
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 # NAME STREET ADDRESS CITY-ST-ZIP	N05000009729 SILVER SANDS SENIOR HOUSING, INC 2335 NORTH BANK DRIVE COLUMBUS, OH 43220	STREET ADDRESS CITY-ST-ZIP	000078285510 08/02/06--01065--013 **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:  **Joseph R. Kasberg** 7/17/06 614-451-2151
Signature and typed or printed name of signing general partner Date Daytime Phone #