


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
---	---

2. Principal Place of Business 2335 North Bank Dr. Suite, Apt. #, etc.	3. Mailing Address 2335 North Bank Suite, Apt. #, etc.
--	--

City & State Columbus, OH Zip 43220 Country USA	City & State Columbus, OH Zip 43220 Country USA
--	--

07062006 Chg-LP CR2E003 (11/05)

4. FEI Number
 20-3513017

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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
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 #	N05000009729	STREET ADDRESS	000078285510
NAME	SILVER SANDS SENIOR HOUSING, INC	CITY-ST-ZIP	08/02/06--01065--013 **500.00
STREET ADDRESS	2335 NORTH BANK DRIVE		
CITY-ST-ZIP	COLUMBUS, OH 43220		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: Joseph R. Kasberg 7/11/06 614-451-2151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE