

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 JUL 21 AM 11:48

DOCUMENT # A05000001791 1. Entity Name MAGNOLIA POINTE 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 N. Bank Dr.		3. Mailing Address 2335 N. Bank Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07062006 Chg-LP CR2E003 (11/05)	
City & State Columbus, OH		City & State Columbus, OH		4. FEI Number 20-3513048	
Zip 43220		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="text-align: right;">FL Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	N05000009735			STREET ADDRESS	
NAME	SILVER SANDS SENIOR HOUSING, INC			CITY-ST-ZIP	
STREET ADDRESS	2335 NORTH BANK DRIVE				
CITY-ST-ZIP	COLUMBUS, OH 43220				
DOCUMENT #				STREET ADDRESS	400078285574
NAME				CITY-ST-ZIP	08/02/06--01065--015 **500.00
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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:				Date: 7/11/06 Daytime Phone #: 614451-2151	

STAPLE CHECK HERE