


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 6, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUL 21 AM 11:34

**DOCUMENT # A05000002257**

1. Entity Name  
SILVER PALMS SENIOR HOUSING LIMITED PARTNERSHIP



Principal Place of Business  
2335 NORTH BANK DRIVE  
COLUMBUS, OH 43220

Mailing Address  
2335 NORTH BANK DRIVE  
COLUMBUS, OH 43220

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

07062006 Chg-LP CR2E003 (11/05)

4. FEI Number  Applied For  
Not Applicable

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 #	SILVER PALMS SENIOR HOUSING, INC.	STREET ADDRESS	
NAME	2335 NORTH BANK DRIVE	CITY-ST-ZIP	600078285716
STREET ADDRESS	COLUMBUS, OH 43220		08/02/06--01065--019 **500.00
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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 Date: 7/11/06 Daytime Phone #: 614451-2151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER