

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

**DOCUMENT # A05898**

1. Entity Name  
**VILLAGE GREEN APARTMENTS, LTD., NO.II**



Principal Place of Business  
**RR 1, BOX 680  
FAIRFAX, VT 05454**

Mailing Address  
**C/O ELIZABETH STRZELECKI  
P.O. BOX 8347  
LAKESHORE, FL 33854-8347**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY -1 AM 9:41

**DO NOT WRITE IN THIS SPACE**

01052006 No Chg-LP CR2E003 (11/05)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**ELIZABETH STRZELECKI  
VILLAGE GREEN APARTMENTS  
CLUB CIRCLE  
LAKESHORE, FL 33854**

**DO NOT WRITE  
IN THIS SPACE**

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 ELIZABETH STRZELECKI Elizabeth Strzelecki

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

4-7-06

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**

DOCUMENT # **A02476**  
NAME **LAKEHAVEN APT.ASSOCIATES**  
STREET ADDRESS **RR1 BOX 680**  
CITY-ST-ZIP **FAIRFAX, VT**

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CITY-ST-ZIP

200074151422  
05/08/06--01017--001 \*\*500.00

200074151422  
05/08/06--01017--002 \*\*8.75

**DO NOT WRITE  
IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MARK R. RUBIN

Date

4/20/06 305-538-4314

Daytime Phone #

STAPLE CHECK HERE