


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
 2007 APR 30 AM 9:24  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # A06000000488 1. Entity Name HUNTINGTON AT SUNDANCE HOLDINGS, LP	
--	---

Principal Place of Business 11200 ROCKVILLE PIKE, SUITE 502 ROCKVILLE, MD 20852	Mailing Address 11200 ROCKVILLE PIKE, SUITE 502 ROCKVILLE, MD 20852
---	---

2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country
---	---



01122007      Chg-LP      CR2E003 (12/06)

4. FEI Number <b>20-4687544</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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**  
**After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P06000050704 B&R FL HOLDINGS, INC. 11200 ROCKVILLE PIKE, SUITE 502 ROCKVILLE, MD 20852	STREET ADDRESS CITY-ST-ZIP	<b>500102535945</b> <b>05/15/07--01047--002 **500.00</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS 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:**

*Dean S. Caland*

*4/16/07*

**(301) 945-4300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE