

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01122007 Chg-LP CR2E003 (12/06)

4. FEI Number **20-4714502** Applied For
Not Applicable

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

DOCUMENT # A06000000509
1. Entity Name
HUNTINGTON AT SUNDANCE OWNER, 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.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country **USA** Zip Country **USA**

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 **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
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 #	L06000036892	STREET ADDRESS	
NAME	HUNTINGTON AT SUNDANCE GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	11200 ROCKVILLE PIKE, SUITE 502		
CITY-ST-ZIP	ROCKVILLE, MD 20852		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

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05/15/07--01049--008 **500.00

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: Lee S. Cooper 4/14/07 (301) 945-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE