

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # A10141

1. Entity Name
FROSTPROOF VILLAS, LTD.



Principal Place of Business
**500 SOUTH FLORIDA AVE.,
 SUITE 700
 LAKE LAND, FL 33801**

Mailing Address
**500 SOUTH FLORIDA AVE.,
 SUITE 700
 LAKE LAND, FL 33801**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122006

Chg-LP

CR2E003 (11/05)

4. FEI Number
59-2226191

Applied For
 Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLAVER, MARY P
 500 SOUTH FLORIDA AVE.,
 SUITE 700
 LAKE LAND, FL 33801**

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

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

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**WOLAVER, MARY P
 500 SOUTH FLORIDA AVE.,
 LAKE LAND, FL 33801**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**000000559492
 05/18/06-80001-011 508.75**

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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: *Mary P Wolaver*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Mary P Wolaver

4/28/06

Date

Daytime Phone #

STAPLE CHECK HERE