


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Mar 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A12242</b>		
1. Entity Name <b>WHISPERWOOD ASSOCIATES, LTD.</b>		

Principal Place of Business <b>4100 N.W. 28TH LANE GAINESVILLE FL 32601</b>	Mailing Address <b>4100 N.W. 28TH LANE GAINESVILLE FL 32601</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number <b>36-3167043</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>HOGUE, ANITA REO PROPERTIES 2100 APALACHEE PKWY, #8B TALLAHASSEE FL 32301</b>		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. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	<b>G99176900007</b>	STREET ADDRESS	
NAME	<b>AMREAL FLORIDA ASSOCIATE</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>4184 PALISADES RD.</b>		
CITY-ST-ZIP	<b>SAN DIEGO CA 92116</b>		
DOCUMENT #	<b>G93081000025</b>	STREET ADDRESS	
NAME	<b>ABCS INVESTORS</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1440 NORTHWEST HWY. #240</b>		
CITY-ST-ZIP	<b>PARK RIDGE IL</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

**100000468043**  
**03/24/06-80017-006 500.00**

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 520, Florida Statutes

**SIGNATURE:** *[Signature]* **3/6/06** **619. 990-8510**