

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # A12716

1. Entity Name
WILLOW BEND APARTMENTS, LTD.



Principal Place of Business
**% LANDMARK
P. O. BOX 99564
LOUISVILLE, KY 40269-0564**

Mailing Address
**% LANDMARK
P. O. BOX 99564
LOUISVILLE, KY 40269-0564**



01052006 No Chg-LP

CRZE003 (11/05)

DO NOT WRITE IN THIS SPACE

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

**SIMMONS, ANNETTE
37 BROOK CIRCLE
LEESBURG, FL 34748**

**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

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**

1000000440756
03/03/06-80007-017 508.75

**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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**HARDING, NEAL F.
2509 PLANTSIDE DR.
LOUISVILLE, KY 40299**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

24. 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: Neal Harding **NEAL HARDING**

1/6/2006

502-499-9991

SIGNATURE AND TYPED OR PRINTED NAME OF JOINING GENERAL PARTNER

DATE

DAYTIME PHONE #

STAPLE CHECK HERE