
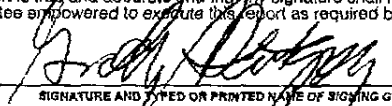


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A16878</b>					
1. Entity Name <b>RAMBLING OAKS VILLAS, LTD.</b>					
Principal Place of Business <b>C/O HARTZOG &amp; COMPANY P. O. BOX 787 EUFAULA, AL 36072</b>			Mailing Address <b>C/O HARTZOG &amp; COMPANY P. O. BOX 787 EUFAULA, AL 36072</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-0155620</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CAUVEL, HOWARD L 233 E. RICH AVE. DELAND, FL 32724</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	3711 SHAMROCK WEST, #N266		CITY-ST-ZIP		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		STREET ADDRESS		
DOCUMENT #	NAME		CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
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DOCUMENT #	NAME		CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			4-1-06 334-687-8075		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



03012006 Chg-LP CR2E003 (11/05)

4. FEI Number  
**59-0155620**

Applied For  
☐ Not Applicable

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

**CAUVEL, HOWARD L  
233 E. RICH AVE.  
DELAND, FL 32724**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**MACDONALD, VICTORIA E  
3711 SHAMROCK WEST, #N266  
TALLAHASSEE, FL 32308**

STREET ADDRESS

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04/18/06-80070-023 500.00

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #