## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

## DOCUMENT #A17616

1. Entity Name
CONQUISTADOR VILLAGE, LTD.



**FILED** Apr 02, 2007 08:00 A Secretary of State

Principal Place of Business

4255 52ND PL N BRADENTON, FL 34210 Mailing Address 4255 52ND PL N BRADENTON, FL 34210



03152007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2446445

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANNAUSA, THOMAS J 4255 52ND PL N BRADENTON, FL 34210

## DO NOT WRITE IN THIS SPACE

The above named e     the obligations of re	nent for the purpose	of changing its regis	stered office or registered	d agent, or both, in the St	ate of Florida. I am fan	niliar with, and accept
SIGNATURE						

FILE NOW!!! FEE I\$ \$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. e form; an amendment must be filed to change a general partner.

L		NUTE: General Partners MAY NOT be changed on the				
I	12.	GENERAL PARTNER INFORMATION				
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	G13157 RIVERWOODS INVESTMENT, INC. 8210 LAKEWOOD RANCH BOULEVARD BRADENTON, FL 34202				
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	G66500 MANNAUSA DEVELOPMENT COMPANY 4255 52ND PL W BRADENTON, FL 34210				
	DOCUMENT # NAME STREET ADDRESS CITY-ST-2IP					
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP					
ľ	DOCUMENT #					

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

-U000000688351 04/10/07-80079-004 508.75

## DO NOT WRITE IN THIS SPACE

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 truster empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

NAME STREET ADDRESS

DOCUMENT # NAME STREET ADDRESS CITY-ST-2IP