


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

**FILED
Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # A19361
1. Entity Name
WALDO VILLAS LIMITED



Principal Place of Business: 613 12TH STREET, LEESBURG, FL 34748
Mailing Address: P.O. BOX 492228, LEESBURG, FL 34749

DO NOT WRITE IN THIS SPACE



03072006 No Chg-LP CR2E003 (11/05)
4. FEI Number: 59-2546730 Applied For / Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAGALSKI, BARBARA
613 12TH STREET
LEESBURG, FL 34748

DO NOT WRITE IN THIS SPACE

I, 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 \$500.00
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

DOCUMENT #	
NAME	MAGALSKI, BARBARA A
STREET ADDRESS	613 12TH STREET
CITY-ST-ZIP	LEESBURG, FL 34749
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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 620, Florida Statutes.

SIGNATURE: *Barbara Magalski* - BARBARA MAGALSKI; 4-19-06 (352) 987-2700
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date