2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE CHECK HERE

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER

Due By May 1, 2	006	SECRETA SILED
DOCUMENT # A20562		DIVISION CT SCAPE 06.104 CT
Entity Name THE HARBOR VIEW GROUP, LTD., L.P.		06.JAN 2
		06 JAN 24 AN 9: 13
Principal Place of Business Mailing Ad	Idress	_
13 43 MAIN STREET 5TH FLOO R 4255 52	ND PLACE W	
SARASOTA, FL 34236 BRADENT 4255 520d PLW.	TON, FL 34210	
BRADENTON, FL. 34210		
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		01102006 No Chg-LP CR2E003 (11/05)
DO NOT WRITE IN THIS SPACE		4. FEI Number Applied For
	:	59-2963591 Not Applicable 5. Certificate of Status Desired \$8.75 Additional
	:	5. Certificate of Status Desired 96.73 Additional Fee Required
6. Name and Address of Current Registered A	gent	
MANNAUSA, THOMAS J.	الما المحالي المراجع المحالي المحالي المحالي المحالي المحالي المحالي المحالي المحالية المحالية المحالية المحالية	- DO NOT WRITE
1343 MAIN STREET 4255 52nd PL W		
SARASOTA, FL. 34236 BRADENTON, FL.	34210	IN THIS SPACE
\ /		
The above named entity submits this statement for the purpose the obligations of registered agent.	of changing its registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
		1/17/2
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	0.	DATE
FILE NOW!!! FEE IS After May 1, 2006, Fee v	\$ \$500.00 viil be \$900.00	
A GENERAL PARTNER THAT IS A B	USINESS ENTITY MUST BE REG	SISTERED AND ACTIVE WITH THIS OFFICE
12. GENERAL PARTNER INFORMATION		
OCCUMENT #		
NAME MANNAUSA, THOMAS J. STREET ADDRESS 1343 MAIN STREET 4265 52 00 PL	.w	را در رسال الله الله الله الله الله الله الله ا
CITY-SI-ZIP SARASOTA, FL PRADENTON, FL.	34210	800065195428 02/06/0601015010 ***508.75
DOCUMENT /		02,00,00 01015 010 **300.15
NAME Street address		
CITY-ST-ZIP		
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STREET ADDRESS	` -	DO NOT WRITE
CITY-ST-ZIP		IN THIS SPACE
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-14. I hereby certify that the information supplied with this filing do indicated on this report is true and accurate and that my signal	es not qualify for the exemptions conta ture shall have the same legal effect as	ained in Chapter 119, Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership les
or the receiver or trustee empowered to execute his report as	required by Chapter 620, Florida Statut	101-11
SIGNATURE:		111/106 941-365-1511