


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

**FILED
May 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # A29685
1. Entity Name
VINTAGE OF THE PALM BEACHES, LTD.



Principal Place of Business 4500 PGA BOULEVARD SUITE 207 PALM BEACH GARDENS, FL 33418	Mailing Address 4500 PGA BOULEVARD SUITE 207 PALM BEACH GARDENS, FL 33418
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DO NOT WRITE IN THIS SPACE

03222006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-0173819	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIVOSTA, OTTO B
4500 PGA BOULEVARD
SUITE 207
PALM BEACH GARDENS, FL 33418

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 _____ 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**

000000541544
05/10/06-80062-010 500.00

**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 #	L09351
NAME	VINTAGE OF PLM BCHS, INC
STREET ADDRESS	4500 PGA BOULEVARD, STE 207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Philho Brandt 3/27/06 561-691-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #