

2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A30170

Entity Name: LIFESTYLES & HEALTHCARE, LTD.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

406 NW 4TH ST
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 759
OKEECHOBEE, FL 34973 US

New Mailing Address:

FEI Number: 65-0188926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAVERLOCK, FAYE A
309 SW 15TH STREET
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #: L22103
Name: SENIORS
Address: 406 NW 4TH STREET
City-St-Zip: OKEECHOBEE, FL 34972 US

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FAYE A. HAVERLOCK

P

04/28/2006

Electronic Signature of Signing General Partner

Date