

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

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A31477**

1. Entity Name  
**COUNTRY CLUB WOODS, AFFORDABLE HOMES, LTD.**



Principal Place of Business  
**5505 N. ATLANTIC AVE., SUITE 115  
COCOA BEACH, FL 32931**

Mailing Address  
**5505 N. ATLANTIC AVE., SUITE 115  
COCOA BEACH, FL 32931**



01042006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3402136**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MCPHILLIPS, JACQUELINE  
5505 N. ATLANTIC AVE., SUITE 115  
COCOA BEACH, FL 32931**

**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

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

DATE

**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 # **P93000075715**  
NAME **HERITAGE PARTNERS GROUP VIII, INC.**  
STREET ADDRESS **5505 N. ATLANTIC AVE., SUITE 115**  
CITY-ST-ZIP **COCOA BEACH, FL 32931**

DOCUMENT # **N98000000959**  
NAME **NATIONAL DEVELOPMENT FOUNDATION INC**  
STREET ADDRESS **4250 ALAFAYA TRAIL #212-330**  
CITY-ST-ZIP **OVIEDO, FL 327659424**

DOCUMENT #  
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U00000451166  
03/10/06-80041-004 508.75

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

DAYTIME PHONE #