


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A93000000527 1. Entity Name FOUNTAINS OF BOYNTON ASSOCIATES, LTD.					
Principal Place of Business 6849 COBIA CIRCLE BOYNTON BEACH FL 33437		Mailing Address 6849 COBIA CIRCLE BOYNTON BEACH FL 33437			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent KENNELLY, JOHN S 6849 COBIA CIRCLE BOYNTON BEACH FL 33437				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.					
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				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P93000031266			STREET ADDRESS	
NAME	FOUNTAINS OF BOYNTON CORPORATION			CITY-ST-ZIP	
STREET ADDRESS	333 KEY PALM ROAD				
CITY-ST-ZIP	BOCA RATON FL 33432				U000000557469
DOCUMENT #				STREET ADDRESS	05/17/06-80050-028 508.75
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1st MOORE CR2E003 (10/05)

4. FEI Number 65-0404407
Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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: John S Kennelly 4-28-06 561-369-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #