## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## **FILED** Jan 23, 2006 08:00 AM Secretary of State Due By May 1, 2006 DOCUMENT # A93000001010 1. Entity Name DOVETAIL VILLAS, LTD. Principal Place of Business Malling Address 730 BONNIE BRAE ST 730 BONNIE BRAE ST WINTER PARK, FL 32789 WINTER PARK, FL 32789 01112006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3204391 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CAVANAUGH, THOMAS L DO NOT WRITE 730 BONNIE BRAE ST WINTER PARK, FL 32789 IN THIS SPACE 6. 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and tide it applicable. 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 L02000032867 DOCUMENT # NAME DOVETAIL GP, LLC U00000396574 01/30/06-80013-024 508.75 STREET ADDRESS 730 BONNIE BRAE STREET CKTY-ST-ZKP WINTER PARK, FL 32789 DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / MAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT 4 MAANE STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

14. I hereby certify that the information supplied with this thing 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 eath; 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:

CITY-ST-ZIP DOCUMENT F NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED MAKE OF SIGNING GENERAL PARTNER

Caytima Phone 6