

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED

06 MAY 31 AM 11:54

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A94000000191

1. Entity Name
ARBOR OAKS LTD.



Principal Place of Business
**NORTHWESTERN MUTUAL
ONE TAMPA CITY CENTER #2865
TAMPA, FL 33602**

Mailing Address
**NORTHWESTERN MUTUAL
ONE TAMPA CITY CENTER #2865
TAMPA, FL 33602**

2. Principal Place of Business
720 EAST WISCONSIN AVENUE
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 3170
Suite, Apt. #, etc.

City & State
MILWAUKEE, WISCONSIN
Zip
53202
Country
USA

City & State
MILWAUKEE, WISCONSIN
Zip
53201-3170
Country
USA

05122006 Chg-LP CR2E003 (11/05)

4. FEI Number
39-1870782
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

B. 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 \$900.00
On or after September 6, 2006, Fee will be \$1000.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F97000000836	STREET ADDRESS	720 EAST WISCONSIN AVENUE
NAME	RE CORP.	CITY-ST-ZIP	MILWAUKEE, WISCONSIN 53202
STREET ADDRESS	ONE TAMPA CITY CENTER, SUITE 2865		
CITY-ST-ZIP	TAMPA, FL 33602		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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06/08/06--01034--024 **900.00

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: *David E. Willert* **DAVID E. WILLERT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/15/2006 **(414) 271-1444**
Date Daytime Phone #

STAPLE CHECK HERE