

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

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A95000002052**

**1. Entity Name**  
**SERENITY GARDENS CAPITAL, LTD.**



**Principal Place of Business**  
**777 SOUTH FLAGLER DRIVE, SUITE 500 EAST**  
**WEST PALM BEACH, FL 33401-6194**

**Mailing Address**  
**777 SOUTH FLAGLER DRIVE, SUITE 500 EAST**  
**WEST PALM BEACH, FL 33401-6194**



01112006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**65-0628152**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**HANLEY, DANIEL A**  
**777 SOUTH FLAGLER DRIVE, SUITE 500 EAST**  
**WEST PALM BEACH, FL 33401-6194**

**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 #** P95000097137  
**NAME** PROSPERITY GARDENS, INC.  
**STREET ADDRESS** 777 SOUTH FLAGLER DRIVE, SUITE 500 EAST  
**CITY-ST-ZIP** WEST PALM BEACH, FL 334016194

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**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 #

STAPLE CHECK HERE