2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 APR 12 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000001317

1. Entity Name
GOD'S V.I.P. SENIOR HAVEN, LTD.

Principal Place of Business	Mailing Address
4681 S.W. 66TH AVE. DAVIE, FL 33314	4681 S.W. 66TH AVE. DAVIE, FL 33314

03282005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0679285 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLTON, SCOTT 660 FALCONSGATE AVENUE DAVIE, FL 33331	Name Street Address (P.O. Box Number is Not Acceptable) 6600 Falconsgate Avenue City Davie FL Zip Code 33331

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$280,000.00	$280,000.00

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 #	P96000052609	STREET ADDRESS	6600 Falconsgate Avenue
NAME	COLTON MANAGEMENT CORP.	CITY-ST-ZIP	Davie, FL 33331
STREET ADDRESS	660 FALCONSGATE AVENUE		
CITY-ST-ZIP	DAVIE, FL 33331		
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Scott Colton 4/8/05 954-325-4133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #