


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 10 AM 11:18

DOCUMENT # A96000001378 1. Entity Name LAKEVIEW OF ZEPHYRHILLS, LTD.	
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Principal Place of Business 37839 COUNTY ROAD 54 ZEPHYRHILLS, FL 33541	Mailing Address TEMPLE TERRACE VILLAGE 10912 NORTH 56TH STREET TEMPLE TERRACE, FL 33617
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.	03092006 Chg-LP CR2E003 (11/05)
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City & State	City & State	4. FEI Number 59-3430489	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GOSS, JAMES C 37839 COUNTY ROAD 54 ZEPHYRHILLS, FL 33541	

7. Name and Address of New Registered Agent	
Name <u>GOSS, JAMES C</u>	
Street Address (P.O. Box Number is Not Acceptable)	
<u>10912 N. 56th STREET</u>	
City <u>Temple Terrace</u>	FL Zip Code <u>33617</u>

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] DATE: 3/14/06

**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 #	P96000057619
NAME	CENTRAL EQUITIES, INC.
STREET ADDRESS	37839 COUNTY ROAD 54
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<u>10912 N. 56th STREET</u>
CITY-ST-ZIP	<u>Temple Terrace, FL 33617-3004</u>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<u>700072326417</u>
CITY-ST-ZIP	<u>04/27/06--01021--016 **500.00</u>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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] DATE: 3/14/06

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