

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A96000001378

1. Entity Name
 LAKEVIEW OF ZEPHYRHILLS, LTD.



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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092006 Chg-LP CR2E003 (11/05)

City & State

City & State

4. FEI Number
59-3430489

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GOSS, JAMES C
 37839 COUNTY ROAD 54
 ZEPHYRHILLS, FL 33541

Name GOSS, JAMES C

Street Address (P.O. Box Number is Not Acceptable)

10912 N. 56th STREET

City TEMPLE TERRACE

FL

Zip Code 33617

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]

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

3/14/06
 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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS	<u>10912 N. 56th STREET</u>
CITY-ST-ZIP	<u>TEMPLE TERRACE, FL 33617-3004</u>

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/14/06
 Date

Daytime Phone #

STAPLE CHECK HERE