

**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.



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

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



03092006 Chg-LP CR2E003 (11/05)

4. FEI Number
59-3430489

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

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 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] 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000057619	STREET ADDRESS	<u>10912 N. 56th STREET</u>
NAME	CENTRAL EQUITIES, INC.	CITY-ST-ZIP	<u>TEMPLE TERRACE, FL 33617-3004</u>
STREET ADDRESS	37839 COUNTY ROAD 54		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		
DOCUMENT #		STREET ADDRESS	<u>700072326417</u>
NAME		CITY-ST-ZIP	<u>04/27/06--01021--016 **500.00</u>
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE-CHECK HERE