

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 10 AM 11:17

DOCUMENT # A96000001711					
1. Entity Name SHERWOOD MOBILE MANNOR MOBILE HOME PARK, 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		
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 59-3399541	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 <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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3/14/06</u>	
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	10912 N. 56th Street	
NAME	CENTRAL EQUITIES, INC.		CITY-ST-ZIP	Temple Terrace FL 33617-3004	
STREET ADDRESS	37839 COUNTY ROAD 54		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP		
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CITY-ST-ZIP			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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				DATE <u>3/14/06</u> Daytime Phone # _____	

STAPLE CHECK HERE