2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A96000002028

1. Entity Name BOARDWALK OF ALAFAYA TRAIL, LTD.



FILED
Apr 16, 2007 08:00 A
Secretary of State

Principal Place of Business

3600 NW 43RD STREET, D-4 GAINESVILLE, FL 32606 Mailing Address

3600 NW 43RD STREET, D-4 GAINESVILLE, FL 32606



03132007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3406932

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Name and Address of Current Registered Agent

KISSEL, WALDEMAR F JR 2630 N.W. 41ST STREET, SUITE C-1 GAINESVILLE, FL 32605

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| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florid the obligations of registered agent. | a. I am familiar with, and acce |
|---|---------------------------------|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable | DATE |

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 # | P96000089557 |
| NAME | BROADWALK AT ALAFAYA TRAIL, INC. |
| STREET ADDRESS | 3600 NW 43RD STREET, D-4 |
| CITY-ST-ZIP | GAINESVILLE, FL 32606 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 14. I hereby o | certify that the information supplied with this filling does not qualify for t |

U00000712320 04/26/07-80042-013 508.75

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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 eath; 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

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #