

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

**FILED**  
**Jan 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000002401**  
 1. Entity Name  
**THE LANDINGS AT CYPRESS MEADOWS LIMITED PARTNERSHIP**



Principal Place of Business      Mailing Address  
**6000 COMPTON ESTATES WAY**      **6000 COMPTON ESTATES WAY**  
**TAMPA, FL 33647**      **TAMPA, FL 33647**



01092006 No Chg-LP      CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-3420170**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**INGLIS, JOHN S**  
**C/O SHUMAKER, LOOP & KENDRICK, LLP**  
**101 EAST KENNEDY BLVD., SUITE 2800**  
**TAMPA, FL 33602**

**DO NOT WRITE IN THIS SPACE**

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

**000000399773**  
**02/01/06-80024-023 500.00**  
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**

DOCUMENT #	P96000102727
NAME	THE LANDINGS AT CYPRESS MEADOWS CORP.
STREET ADDRESS	6000 COMPTON ESTATES WAY
CITY-ST-ZIP	TAMPA, FL 33647
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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: Warren Kinster      1-11-06      (813) 910-7914  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #