

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

DOCUMENT # A97000001684

1. Entity Name  
 BRISTOL PARK OF CORAL SPRINGS, LIMITED



Principal Place of Business  
 631 US HWY 1  
 STE 406  
 NORTH PALM BEACH, FL 33408

Mailing Address  
 631 US HWY 1  
 STE 406  
 NORTH PALM BEACH, FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242006

Chg-LP

CR2E003 (11/05)

4. FEI Number

65-0802726

Applied For

Not Applicable

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

MACKEY, WATER J JR.  
 631 US HWY 1  
 STE 406  
 NORTH PALM BEACH, FL 33408

Name  
 MACKEY, WALTER J., JR.  
 Street Address (P.O. Box Number is Not Acceptable)  
 631 US HWY. 1

SUITE 406

City NORTH PALM BEACH FL Zip Code 33408

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

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 # P97000063284  
 NAME BRISTOL PARK MANAGEMENT, INC.  
 STREET ADDRESS 631 US HWY 1  
 CITY-STATE-ZIP NORTH PALM BEACH, FL 33408

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

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DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

800075018878  
 05/22/06--01021--008 \*\*500.00

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 authorized to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Edward S Williams*  
 Edward S Williams  
 Secretary G.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 4/24/06 Signature Phone #

FILED

06 MAY -1 PM 2:37

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



STAPLE CHECK HERE