


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**

**Feb 09, 2006 08:00 AM  
Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # A97000001790</b><br>1. Entity Name<br><b>COLONY CLUB MOBILE HOMES LIMITED</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>1501 - 11TH STREET NE<br/>WINTER HAVEN FL 33881</b> | Mailing Address<br><b>% ROBERT PHILLIPS<br/>PO BOX 1562<br/>WINTER HAVEN FL 33882</b> |
|---|---|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

1st MOORE CR2E003 (10/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3463433</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>HINES, JAMES P ESQUIRE<br/>HINES &amp; ASSOCIATES, P.A.<br/>315 S. HYDE PARK AVE.<br/>TAMPA FL 33606</b> |
|--|

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

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. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #                      |                            |
| NAME                            | PHILLIPS, ROBERT C TRUSTEE |
| STREET ADDRESS                  | 927 N. LAKE OTIS DR., SE   |
| CITY - ST - ZIP                 | WINTER HAVEN FL 33880      |
| DOCUMENT #                      |                            |
| NAME                            | PHILLIPS, MARTHA A TRUSTEE |
| STREET ADDRESS                  | 1501 - 11TH STREET NE      |
| CITY - ST - ZIP                 | WINTER HAVEN FL 33881      |
| DOCUMENT #                      |                            |
| NAME                            | SPARROW, PEGGY TRUSTEE     |
| STREET ADDRESS                  | 1410 AVE. D, NE            |
| CITY - ST - ZIP                 | WINTER HAVEN FL 33881      |
| DOCUMENT #                      |                            |
| NAME                            |                            |
| STREET ADDRESS                  |                            |
| CITY - ST - ZIP                 |                            |
| DOCUMENT #                      |                            |
| NAME                            |                            |
| STREET ADDRESS                  |                            |
| CITY - ST - ZIP                 |                            |
| DOCUMENT #                      |                            |
| NAME                            |                            |
| STREET ADDRESS                  |                            |
| CITY - ST - ZIP                 |                            |

| 13. ADDRESS CHANGES ONLY |  |
|--------------------------|--|
| STREET ADDRESS           |  |
| CITY - ST - ZIP          |  |
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02/20/06-80018-006 500.00

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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 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:** *Robert C. Phillips* **Robert C. Phillips** **Feb. 3, 2006** **863-294-5129**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #