2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Mar 15, 2006 08:00 AM

Due By May 1, 2006				Secretary of State		
1. Entity Nar		2633			ary or state	
WINTER	VIEW COURT, LTD.	·				
	ce of Business	Mailing Address				
1 T 200 E		2930 IMMOKALEE RD. Suite 4				
NAPLES, FL	34110	NAPLES, FL 34110				
		The second of th]		
	A MAT MOITE			02092006 No Chg-LP CR	2E003 (11/05)	
DO NOT WRITE IN THIS SP			ACE	4. FEI Number 59-3459732	Applied For Not Applicable	
			* :	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		-		
AJS MANAGEMENT CORP.				DO NOT WRIT	T F	
2930 IMMOKALEE RD. SUITE 4						
NAPLES, FL 34110				IN THIS SPAC	;	
}			1.	1		
	e named entity submits this statement fo tilons of registered agent.	or the purpose of changing its registe	ered office or register	red agent, or both, in the State of Florida. 1	am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and life if applicable.		OA OA	<u>πε</u>	
		Will FEE IS \$500.00 2006, Fee will be \$900.00				
	A GENERAL PARTNER I NOTE: General Partners MA	THAT IS A BUSINESS ENTITY AY NOT be changed on the for	MUST BE REGIST m; an amendmen	TERED AND ACTIVE WITH THIS OFF	FICE. partner.	
12.	GENERAL PARTNE				was a second	
DOCUMENT #	P94000008632 AJS MANAGEMENT CORP.	****				
STREET ADDRESS	1					
CNTY-ST-ZIP	NAPLES, FL 34110					
DOCUMENT #						
NAME STREET ADDRESS				Uninhouse	oore	
CITY-ST-ZIP				00000846 03/24/06-80	017-011 500.00	
DOCUMENT #		· —		207 to 11 ass 20	011 411 303144	
NAME Street address				DO NOT WRITE		
CITY-ST-ZIP						
DOCUMENT #				IN THIS SPACE		
NAME STREET ADDRESS		1		·		
C(TY-ST-ZIP		- 1		· Santa Area - ·	•	
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NAME emest timosee		1				

14. I hereby certify that the information supplied with this fitting 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:

STAPLE CHECK HERE

CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER