

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

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # A98000001846**

1. Entity Name  
**BIRCHWOOD ACRES LIMITED PARTNERSHIP, LLLP**



Principal Place of Business  
**3500 HARMONY SQUARE DR. WEST  
HARMONY, FL 34773-6047**

Mailing Address  
**% STARWOOD CAPITAL GROUP/ATTN: M. KLEEMAN  
591 WEST PUTNAM AVENUE  
GREENWICH, CT 06830**



02142006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**59-3524907**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

**A.G.C. CO.  
200 SOUTH ORANGE AVE., SUITE 2300  
ORLANDO, FL 32801**

**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.

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 # **M05000002064**  
NAME **VII GP HARMONY, L.L.C.**  
STREET ADDRESS **591 WEST PUTNAM AVENUE**  
CITY-ST-ZIP **GREENWICH, CT 06830**

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U00000554123  
05/15/06-80079-018 500.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Jerome S. Stry*

Date

*3/9/06*

Daytime Phone #

*(203) 422-7701*