

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

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

**DOCUMENT # A98000002767**

1. Entity Name  
**LENOX COURT ASSOCIATES, LTD.**



Principal Place of Business  
**2950 S.W. 27TH AVENUE, SUITE 200**  
**MIAMI, FL 33133**

Mailing Address  
**2950 S.W. 27TH AVENUE, SUITE 200**  
**MIAMI, FL 33133**

\$ 508.75



01172006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0881516**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

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

**GREEN, PATRICIA K**  
**2200 MUSEUM TOWER**  
**150 WEST FLAGLER STREET**  
**MIAMI, FL 33130**

**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 # **P98000099103**  
NAME **TCG LENOX, INC.**  
STREET ADDRESS **2937 S.W. 27TH AVENUE, SUITE 303**  
CITY-ST-ZIP **COCONUT GORVE, FL 33133**

DOCUMENT # **F98000006742**  
NAME **SHELTER INVESTMENT GROUP, INC.**  
STREET ADDRESS **1326 BELLEVUE WAY N.E., #6**  
CITY-ST-ZIP **BELLEVUE, WA 980043685**

DOCUMENT #  
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CITY-ST-ZIP

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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

Date

Daytime Phone #