


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A99000001516 1. Entity Name ARBOR OAKS AT GREENACRES, LTD.						MAY -1 AM 9:41 SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business 360 CENTRAL AVENUE ST PETERSBURG, FL 33701				Mailing Address 360 CENTRAL AVENUE ST PETERSBURG, FL 33701			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HAIRE, NANCY C 360 CENTRAL AVENUE ST PETERSBURG, FL 33701				Name <u>Lawrence R. DeMarcat, III</u> Street Address (P.O. Box Number is Not Acceptable) <u>777 S. Harbour Island Blvd.</u> <u>#260</u> City <u>Tampa</u> <u>FL</u> Zip Code <u>33629</u>			
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 <u>Lawrence R. De Marcat, III</u>				Signature, typed or printed name of registered agent and title if applicable. <u>Lawrence R. De Marcat, III</u> <u>4-18-06</u> 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				13. ADDRESS CHANGES ONLY			
DOCUMENT #	P99000074545			STREET ADDRESS			
NAME	SYNERGY PROPERTIES-GREENACRES, INC.			CITY-ST-ZIP			
STREET ADDRESS	1109 ABBEYS WAY			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33602			CITY-ST-ZIP			
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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: <u>[Signature]</u>				Signature, typed or printed name of signing general partner <u>Synergy Properties-Greenacres, Inc., Douglas E. Weber, President</u> <u>4-18-06</u> Date			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone <u>813-221-3944</u>			

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