

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

**FILED**

06 MAY -1 PM 1:44  
00 HAT -1 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
TALLAHASSEE FLORIDA

**DOCUMENT # A99000002018**

1. Entity Name  
**VIP CARE PAVILION, LTD.**



Principal Place of Business  
**6810 S.W. 7TH STREET  
MARGATE, FL 33068**

Mailing Address  
**6810 S.W. 7TH STREET  
MARGATE, FL 33068**



03232006 No Chg-LP CR2E003 (11/05)

4. FEI Number  
**65-0962751**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**COLTON MANAGEMENT CORP.  
6600 FALCONSGATE AVENUE  
DAVIE, FL 33331**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 # **P96000052609**  
NAME **COLTON MANAGEMENT CORP.**  
STREET ADDRESS **6600 FALCONSGATE AVENUE**  
CITY-ST-ZIP **DAVIE, FL 33331**

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**400074699074**  
**05/17/06--01005--012 \*\*500.00**

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:** *Scott Colton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*3/27/06 94-325-4133*

STAPLE CHECK HERE