

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAY -1 AM 8:43

DOCUMENT # B02000000015
 1. Entity Name
 SHADY ROAD AND PADDOCK PARK MHP
 COMMUNITIES, L.P.



Principal Place of Business
 6300 QUEENSBURY BOULEVARD
 SARASOTA, FL 34231

Mailing Address
 525 UNIVERSITY AVENUE, SUITE 610
 PALO ALTO, CA 94301

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 575 High Street
 Suite 350
 City & State
 Zip Country



04132006 Chg-LP CR2E003 (11/05)

4. FEI Number
 93-1070876

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

6. Name and Address of Current Registered Agent
 FORD, JIM
 6300 QUEENSBURY BOULEVARD
 SARASOTA, FL 34231

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	THE BEN F. IVY LIVING TRUST IVY, BEN F 525 UNIVERSITY AVENUE, SUITE 610 PALO ALTO, CA 94301	STREET ADDRESS CITY-ST-ZIP	575 High Street, Suite 350
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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: Catherine E. Ivy, Co-Trustee 4/20/06 6503283800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Catherine E. Ivy, Co-Trustee of the Ben F. Ivy Living Trust

STAPLE CHECK HERE