

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 JAN 19 AM 9:10

DOCUMENT # B03000000128

1. Entity Name
 CHARLOTTE/HVW LIMITED PARTNERSHIP



Principal Place of Business
 8111 SHELBYVILLE RD.
 LOUISVILLE, KY 40222

Mailing Address
 8111 SHELBYVILLE RD.
 LOUISVILLE, KY 40222

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006 Chg-LP CR2E003 (11/05)

4. FEI Number
 APPLIED FOR

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNDERWOOD, ROBERT L
 5728 MAJOR BLVD SUITE 550
 ORLANDO, FL 32819

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

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 # P97000048906
 NAME CHARLOTTE/HVW GP, INC.
 STREET ADDRESS 537 EAST PARK AVE.
 CITY-ST-ZIP ORLANDO, FL 32819

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

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STREET ADDRESS
 CITY-ST-ZIP

600065001480
 02/01/06--01081--003 **\$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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/9/06

STAPLE CHECK HERE