

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

SECRET  
 DIVISION OF STATE  
 CORPORATIONS

Co #1412  
 FEB -2 AM 10:34

**DOCUMENT # B04000000080**

1. Entity Name  
 FAIRFIELD MONTE VISTA LP



Principal Place of Business  
 5510 MOREHOUSE ROAD, SUITE 200  
 SAN DIEGO, CA 92121

Mailing Address  
 5510 MOREHOUSE ROAD, SUITE 200  
 SAN DIEGO, CA 92121

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172006 Chg-LP CR2E003 (11/05)

4. FEI Number **20-0723893**  
 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

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **M04000000774**  
 NAME **FF MONTE VISTA LLC**  
 STREET ADDRESS **5510 MOREHOUSE ROAD, SUITE 200**  
 CITY-ST-ZIP **SAN DIEGO, CA 92121**

STREET ADDRESS

CITY-ST-ZIP

**600065867416**  
 02/15/06-01006-017 \*\*500.75

DOCUMENT #  
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 CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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.

**Richard Swanson**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**858-812-6711**

STAPLE CHECK HERE