


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # B0500000060 1. Entity Name SRK VIERA VILLAGE ASSOCIATES L.P.	
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Principal Place of Business 4053 MAPLE ROAD AMHERST, NY 14226	Mailing Address 4053 MAPLE ROAD AMHERST, NY 14226
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2. Principal Place of Business	3. Mailing Address	Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State	Zip	Country

30 MAY - 1 11 34 AM
 TALLAHASSEE FLORIDA



04242006 Chg-LP CR2E003 (11/05)

4. FEI Number 06-1236440	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HRAWG CORP. 1801 N MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 #	F05000000615	STREET ADDRESS	BOHICKET MARINA CORPORATION
NAME	BOHICKET MARINA CORPORATION	CITY-ST-ZIP	4053 MAPLE ROAD AMHERST, NY 14226
DOCUMENT #		STREET ADDRESS	900074661229
NAME		CITY-ST-ZIP	05/16/06 01020 021 **500.00
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	

STAPLE CHECK HERE

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: Steven J. Longo **Steven J. Longo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Vice President** 4/27/06
Date Daytime Phone #