


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 24 AM 10:25

DOCUMENT # B05000000374

1. Entity Name
 LAKELAND RETIREMENT RESIDENCE LIMITED PARTNERSHIP




Principal Place of Business
 2250 MCGILCHRIST STREET, SE
 SALEM, OR 97302

Mailing Address
 P.O. BOX 14111
 SALEM, OR 97309

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



03272006 Chg-LP CR2E003 (11/05)

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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

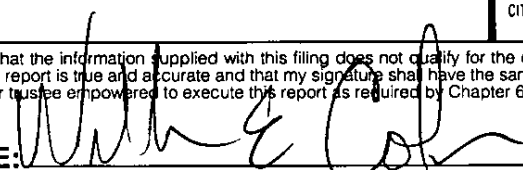
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	B00000000385	STREET ADDRESS	
NAME	B.F. LIMITED PARTNERSHIP	CITY-ST-ZIP	
STREET ADDRESS	600 UNIVERSITY ST., SUITE 2500		
CITY-ST-ZIP	SEATTLE, WA 98101		
DOCUMENT #	M00000002639	STREET ADDRESS	
NAME	BRENDEN FAMILY L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	2250 MCGILCHRIST STREET SE		
CITY-ST-ZIP	SALEM, OR 97302		
DOCUMENT #	M00000002639	STREET ADDRESS	
NAME	COLSON, WILLIAM E	CITY-ST-ZIP	
STREET ADDRESS	2250 MCGILCHRIST STREET SE		
CITY-ST-ZIP	SALEM, OR 97302		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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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:  DATE: 3-29-06 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER