## 2007 MIZED PARTNERSHIP ANNUAL REPORT

FILED **Due By May 1, 2007** Apr 20, 2007 08:00 AM Secretary of State DOCUMENT #B96000000005 THE VILLAS AT CENTRAL PARK ASSOCIATES LIMITED PARTNERSHIP Principal Place of Business Mailing Address 9 PARK PLACE 9 PARK PLACE GREAT NECK, NY 11021 GREAT NECK, NY 11021 04172007 No Chg-LP DO NOT WRITE IN THIS SPACE 4, FEI Number Applied For 11-3300219 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. DO NOT WRITE 1201 HAYS STREET, SUITE 105 TALLAHASSEE, FL 32301 IN THIS SPACE 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. U00000719760 <del>05/01/07-8007.7</del>e-013-500.00 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. GENERAL PARTNER INFORMATION DOCUMENT # P96000000233 THE VILLAS AT CENTRAL PARK, INC. STREET ADDRESS 9 PARK PLACE CITY+ST-ZIP GREAT NECK, NY 11021 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

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:

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

576-466-9440

Daylime Phone #

PRESIDENT OF VILLAS AT CP INC CRAILUKOR