2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # B97000000005

1. Entity Name
DOVA OF HOLLYWOOD LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
STRATFORD POINT BLDG. 110 S. STRATFORD RD., 5TH FL. WINSTON-SALEM, NC 27104	P. O. BOX 1670 CLEMMONS, NC 27012

05012006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 56-2011822 — 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
ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN ST., SUITE 2700 TAMPA, FL 33602	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

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 #	F97000000029	STREET ADDRESS	
NAME	DOVA OF HOLLYWOOD G.P., INC.		
STREET ADDRESS	6000 MEADOWBROOK MALL, STE. 27	CITY-ST-ZIP	
CITY-ST-ZIP	CLEMMONS, NC 27012		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	000000561004 05/18/06-80061-020 500.00
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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] Don G. Angell Pres of General Partner DOVA of Hollywood GP Inc. 336-766-5666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #