


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # B97000000182 1. Entity Name LUCIEN POINTE, L.P.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 27 AM 11:15

Principal Place of Business 147 WEST LYMAN AVENUE WINTER PARK, FL 32789	Mailing Address 147 WEST LYMAN AVENUE WINTER PARK, FL 32789
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2. Principal Place of Business 301 S. New York Ave. Suite, Apt. #, etc. Suite 200 City & State Winter Park, FL Zip 32789 Country U.S.	3. Mailing Address 301 S. New York Ave. Suite, Apt. #, etc. Suite 200 City & State Winter Park, FL Zip 32789 Country U.S.
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02272006 Chg-LP CR2E003 (11/05)

4. FEI Number 58-2306110	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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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 # P94000069389 NAME ARCUS, INC. STREET ADDRESS 147 WEST LYMAN AVENUE CITY-ST-ZIP WINTER PARK, FL 32789	STREET ADDRESS 301 S. New York Ave., Suite 200 CITY-ST-ZIP Winter Park, FL 32789
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 500069939699 CITY-ST-ZIP 04/10/06--01044--003 **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 220, Florida Statutes.	
SIGNATURE: By: <i>Peter Thyssen</i> Peter Thyssen, President, by Patricia R. Young, attorney-in-fact	Date 3/13/06 Daytime Phone # (615) 373-6910

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