2006 LIMITED PARTNERSHIP ANNUAL REPORT

May 01 2006 08:00 AM

Due By May 1, 2006 - DOCUMENT # B9800000274				Secretary of State	
				Secreta	i j oi blate
1. Entry Nam					
10201 CENT	Principal Place of Business 10201 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256 B CAMPUS DRIVE, 4TH FLOOR PARSIPPANY, NJ 07054				
				}	
	O NOT WRIT	E IN THIS S	02062008 No Chg-LP	CR2E003 (11/05) Applied For	
			. ,	58-2384135	Not Applicate
}				5. Certificate of Status Desired	S8.75 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent		·	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				DO NOT W	RITE
				IN THIS SPACE	
	a named entity submits this statementions of registered agent. Signature, typed or printed name of registered a		registered office or register	ed agent, or both, in the State of Flori	da. I am familiar with, and accept
	FILE N	IOW!!! FEE IS \$500.00			
-	A GENERAL PARTNE	I, 2006, Fee will be \$900 R THAT IS A BUSINESS EN MAY NOT be changed on th	TITY MUST BE REGIS	TERED AND ACTIVE WITH THIS at must be filed to change a ger	S OFFICE. neral partner.
12.	GENERAL PART	NER INFORMATION	1	<u></u>	
DOCUMENT / NAME	ONE DEERWOOD, LLC		I		
SHIELET ADDRESS	TWO RAVINIA DR SUITE 14	30	Į		
DOCUMENT /	ATLANTA, GA 30348		-1		
NAME STREET ADDRESS CITY-SI-ZIP	-			05/16/06~8	54778 20004-011 500.00
DOCUMENT / NAME STRIET ADDRESS				DO NOT WR	RITE
C(TY-ST-ZIP			-[IN THIS SPA	CE
NAME				च्या सहस्य च्या है हैं	- · · · —
STREET ADDRESS CATY-ST-ZIP	}				
DOCUMENT #					
NAME STREET ADDRESS			1		
} v			_}		
DOCUMENT #					

14. I hereby certify that the information supplied with this tiling 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 fame legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee employee and to execute this report or required by Chapter 620, Florida Statutes.

SIGNATURE:

DOCUMENT # NAME STREET ADDRESS Cify-St-ZIP

> SIGNATURE AND TYPED OR PRINTED MALL OF SIGNING GENERAL PARTNER Prosident