2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A98000001760

JUBILEE COURTYARDS ASSOCIATES, LTD.



Principal Place of Business

2950 S.W. 27TH AVENUE, SUITE 200

MIAMI, FL 33133

Mailing Address

2950 S.W. 27TH AVENUE, SUITE 200

MIAMI, FL 33133

FILED May 01, 2006 08:00 AM Secretary of State

508.75



DO NOT WRITE IN THIS SPACE

01172006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0852105 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

8. Name and Address of Current Registered Agent

GREEN, PATRICIA K 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130

DO NOT WRITE 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.	
		_

SIGNATURE

Signature, typed or printed name of registered egent and title if applicable

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00

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

	A GENERAL PARTNER THAT IS A BUSINESS ENTI NOTE: General Partners MAY NOT be changed on the		
	12.	GENERAL PARTNER INFORMATION	
	OCCUMENT #	P98000064798	
	NAME	TCG JUBILEE, INC.	
	STREET ADDRESS	2937 S.W. 27TH AVENUE, SUITE 303	
	CITY-ST-ZIP	MIAMI, FL 33133	
	DOCUMENT # NAME	N98000004040 JUBILEE/COURTYARDS, INC.	
	STREET ADDRESS	2828 CORAL WAY, SUITE 303	
-	CITY-ST-ZIP	MIAMI, FL 33145	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
	DOCUMENT #		

000000554661 05/16/06-80002-015 50**8.75**

DO NOT WRITE IN THIS SPACE

Date

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

14. I hereby certify that the information supplied with this filling 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 accordate and that my signature shall have the same legal effect as if made under eath, that I am a General Partner of the limited partnership or the receiver or trustee employered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Daytima Phone #