


2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # A00000000386	
1. Entity Name AFFORDABLE/CITRUS RIDGE, LTD.	

Principal Place of Business 601 WESTWOOD LANE GLENCOE IL 60022	Mailing Address 601 WESTWOOD LANE GLENCOE IL 60022
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E003 (10/06)

City & State	City & State	4. FEI Number 59-3628341	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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 HAMLIN, CURTIS D ESQ. 1205 MANATEE AVE., WEST BRADENTON FL 34205

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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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	
DOCUMENT #	P00000021663
NAME	AFFORDABLE/CITRUS RIDGE, INC.
STREET ADDRESS	601 WESTWOOD LANE
CITY-STATE-ZIP	GLENCOE IL 60022
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-STATE-ZIP	000000614464 02/06/07-80031-022 500.00
STREET ADDRESS	
CITY-STATE-ZIP	
STREET ADDRESS	
CITY-STATE-ZIP	
STREET ADDRESS	
CITY-STATE-ZIP	
STREET ADDRESS	
CITY-STATE-ZIP	

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:  JAY ABRAMS	1-19-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #

STAPLE CHECK HERE