


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 02, 2007 08:00 A
Secretary of State

DOCUMENT # A00000001233 1. Entity Name PALM CREST APARTMENTS, LTD.	
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Principal Place of Business 6001 MONTROSE RD 606 ROCKVILLE, MD 20852	Mailing Address 6001 MONTROSE RD 606 ROCKVILLE, MD 20852
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01122007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2562149	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MANN & WOLF, PA ANDREW L. MANN, P.A. 4300 NORTH UNIVERSITY DRIVE C-203 SUNRISE, FL 33351
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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	
DOCUMENT #	P00000074913
NAME	PRESTON PARK CORPORATION
STREET ADDRESS	6001 MONTROSE RD #606
CITY-ST-ZIP	ROCKVILLE, MD 20852
DOCUMENT #	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000619236
02/08/07-80062-019 500.00

DO NOT WRITE IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Elizabeth Warner

1/12/07

301 770 7744

STAPLE CHECK HERE