## 2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

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SIGNATURE:

## FILED Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # A01000000126 1. Entity Name ADDISON PARK LIMITED PARTNERSHIP Mailing Address Principal Place of Business C/O SENTINEL REAL ESTATE CORPORATION 1251 AVENUE OF THE AMERICAS C/O SENTINEL REAL ESTATE CORPORATION 1251 AVENUE OF THE AMERICAS NEW YORK NY 10020 NEW YORK NY 10020 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) Applied For City & State City & State 4. FEI Number 58-2595688 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON FL 33331 Zip Code City 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 agent and title if applicable DATE Make check payable to Florida Department of State. FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION **BOCUMENT #** P01000008090 U00000532728 STREET ADDRESS NAME ADDISON PARK APARTMENTS, INC. **05/06/06-**80097-005-500.00 STREET ADDRESS 1251 AVENUE OF THE AMERICAS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10020 **DOCUMENT #** STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CITY-ST-70P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NEASE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not quality 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 eath; 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

PED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #