


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A02000000362
 1. Entity Name
PALM BEACH APARTMENT ASSOCIATES, LTD.



Principal Place of Business 359 CAROLINA AVE. WINTER PARK, FL 32789	Mailing Address 359 CAROLINA AVE. WINTER PARK, FL 32789
---	---

DO NOT WRITE IN THIS SPACE



01032006 No Chg-LP CR2E003 (11/05)

4. FEI Number 03-0411410	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**DOWNING, GRANT T
 222 WEST COMSTOCK AVE., SUITE 101
 WINTER PARK, FL 32789**

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, 2006, 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 #	P02000028183
NAME	EPI-PALM BEACH EQUITY, INC.
STREET ADDRESS	359 CAROLINA AVE.
CITY-ST-ZIP	WINTER PARK, FL 32789
DOCUMENT #	M02000000702
NAME	PRUDENTIAL-PALM BEACH, LLC
STREET ADDRESS	8 CAMPUS DRIVE, 4TH FLOOR
CITY-ST-ZIP	PARSIPPANY, NJ 07054
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

1101110454335
 03/03/06-80014-013 500.00

STAPLE CHECK HERE

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: _____ **1/4/06** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #