2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Jan 23, 2006 08:00 AM Secretary of State

DOCUMENT	# A03634
1. Entity Name	

ASTORIA ARMS APARTMENTS PARTNERSHIP

Principal Place of Business

2350 WANDA WAY TALLAHASSEE, FL 32303 Mailing Address

1398 N SHADELAND AVENUE INDIANAPOLIS, IN 46219



DO NOT WRITE IN THIS SPACE

81102006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 35-1297236 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOODEN-PORTER, AQUEELAH 2350 WANDA WAY TALLAHASSEE, FL 32303

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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 the obligations of registered agent.	i. I am familiar with, and accept
SIGNATURE Sometime based or private pased or private name of resolutions and title if applicable.	DATE

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 I NAME STREET ADDRESS CATY-ST-ZR	JUSTUS, WALTER G. 1398 N. SHADELAND AVE. INDIANAPOLIS, IN 46219
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT I NAME STREET ADDRESS CITY-SI-ZIP	
DOCUMENT!	

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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 it 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT!

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

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