

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 APR -7 AM 10:30

**DOCUMENT # A04000000067**

1. Entity Name  
 COURTNEY MANOR APARTMENTS LIMITED  
 PARTNERSHIP



Principal Place of Business  
 100 COLONIAL CENTER PARKWAY, SUITE 470  
 LAKE MARY, FL 32746

Mailing Address  
 100 COLONIAL CENTER PARKWAY, SUITE 470  
 LAKE MARY, FL 32746

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

City & State  
 Zip Country

01062006 Chg-LP CR2E003 (11/05)

4. FEI Number  
 33-1080805

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

SCHAFFER, JOHN A  
 100 COLONIAL CENTER PARKWAY, SUITE 470  
 LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 # P03000130111  
 NAME COURTNEY MANOR DEVELOPMENT, INC.  
 STREET ADDRESS 100 COLONIAL CENTER PARKWAY, SUITE 470  
 CITY-ST-ZIP LAKE MARY, FL 32746

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
 CITY-ST-ZIP 200070462102  
 04/14/06--01052--019 \*\*508.75

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-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:

*John A Schaffer* John A Schaffer

1/9/06 407 333-0066  
 Date Daytime Phone #

STAPLE CHECK HERE