

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -3 AM 9:18

DOCUMENT # A04000000829

1. Entity Name
CHOWDER BAY APARTMENT ASSOCIATES, LTD.



Principal Place of Business Mailing Address
6455 GATEWAY AVENUE 1215 S.E. 2nd Ave 6455 GATEWAY AVENUE 1215 S.E. 2nd Ave
SUITE A STE 201 SUITE A STE 201
SARASOTA, FL 34231 Ft Lauderdale, FL 33316 SARASOTA, FL 34231 Ft Lauderdale, FL 33316

DO NOT WRITE IN THIS SPACE

01312006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
20-1172977

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COFFEY, KEVIN
1215 SE 2ND AVENUE
SUITE 201
FORT LAUDERDALE, FL 33316

**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

Signature, typed or printed name of registered agent and title if applicable.

Kevin Coffey, Manager

2-18-06

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 # L04000037766
NAME MRI CHOWDER BAY BP, LLC
STREET ADDRESS 1215 SE 2ND AVENUE, SUITE 201
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

DOCUMENT #
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03/20/06--01017--007 **508.75

**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

Kevin Coffey, Manager

2-18-06

Date

Daytime Phone #

954 525-9695

STAPLE CHECK HERE