

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

**Due By May 1, 2005**

FILED

2005 APR 22 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001522

1. Entity Name  
FLAGLER VILLAGE 6TH STREET, LTD.



Principal Place of Business  
2900 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065

Mailing Address  
2900 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

Applied For

20-1712635

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERA PAROPERTIES, INC.  
2900 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065

Name  
AMERA PROPERTIES, INC.

Street Address (P.O. Box Number is Not Acceptable)

2900 University Drive

City  
Coral Springs

FL Zip Code  
33065

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

9. Capital Contributions  
as Shown on record. \$7,500.00

10. Amount of Capital Contributions  
in FLORIDA to date.

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # 624912  
NAME AMERA PROPERTIES, INC.  
STREET ADDRESS 2900 UNIVERSITY DRIVE  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Amara Properties, Inc.

George Rahael,  
President

SIGNATURE:

4/15/05 954-753-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #