


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000000227		
1. Entity Name HOLLY POINTE APARTMENTS, LTD.		

Principal Place of Business 11635 NW 1ST AVENUE GAINESVILLE, FL 32607	Mailing Address 11635 NW 1ST AVENUE GAINESVILLE, FL 32607
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2006 APR 20 AM 10: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03012006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HALE, JEFFREY W 11635 NW 1ST AVENUE GAINESVILLE, FL 32607		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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000009300	STREET ADDRESS	
NAME	HOLLY POINTE APARTMENTS, LLC	CITY-ST-ZIP	
STREET ADDRESS	11635 NW 1ST AVENUE		
CITY-ST-ZIP	GAINESVILLE, FL 32607		
DOCUMENT #		STREET ADDRESS	200072416622
NAME		CITY-ST-ZIP	04/27/06--01041--025 **508.75
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Holly Pointe Apartments, LLC, General Partner
By: John M. Curtis 04/18/06 352-332-0838

Managing Member

Date

Daytime Phone #

STAPLE CHECK HERE