
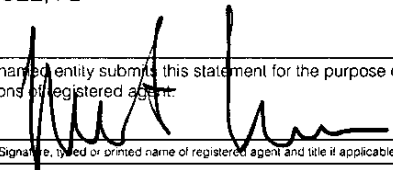
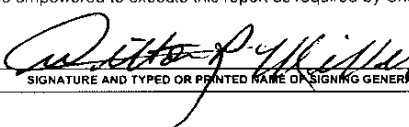


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED

2006 MAR -2 PM 12:28

DIVISION OF REVENUE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A11132</b> 1. Entity Name SOUTHSIDE APARTMENTS OF MARIANNA, LTD.					
Principal Place of Business P. O. BOX 610 MONTICELLO, FL 32345			Mailing Address P. O. BOX 610 MONTICELLO, FL 32345		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2122383	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OLIVE, W. ROBERT 201 SOUTH MONROE ST. SUITE 500 TALLAHASSEE, FL			Name W. Robert Olive		
			Street Address (P.O. Box Number is Not Acceptable) 101 North Monroe Street		
			Suite 900		
			City Tallahassee		FL Zip Code 32301
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, the registered agent.					
SIGNATURE 			W. Robert Olive		02/21/2006
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	101 North Monroe Street, Suite 900	
STREET ADDRESS	201 SOUTH MONROE STREET		CITY-ST-ZIP	Tallahassee, FL 32301	
CITY-ST-ZIP	TALLAHASSEE, FL		STREET ADDRESS	101 North Monroe Street, Suite 900	
DOCUMENT #	NAME		CITY-ST-ZIP	Tallahassee, FL 32301	
STREET ADDRESS	201 SOUTH MONROE STREET		100067295931 03/07/06--01015--024 **508.75		
CITY-ST-ZIP	TALLAHASSEE, FL				
DOCUMENT #	NAME				
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME				
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME				
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: 			02/21/2006 850-222-8611		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <b>Wilton R. Miller</b>			Date Daytime Phone #		

STAPLE CHECK HERE