

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

**FILED**  
**May 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A11320**

1. Entity Name  
**LAFAYETTE APARTMENTS, LTD.**



Principal Place of Business  
**100 N. TAMPA STREET, SUITE 3000  
TAMPA, FL 33601-5835**

Mailing Address  
**1002 W. 23RD STREET, SUITE 400  
PANAMA CITY, FL 32405**



01102006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2243452**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MYERS, JULIE S  
311 E. PARK AVE.  
TALLAHASSEE, FL 32312**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number Not Accepted)

City

**FL** Zip Code

**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

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**1100000542207  
05/10/06-80086-024 500.00**

**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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

**MYERS, JULIE S  
311 E. PARK AVE.  
TALLAHASSEE, FL**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**SMITH, L. GARRY JR.  
100 N. TAMPA ST., SUITE 3000  
TAMPA, FL**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**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

**Julie S. Myers**

**4/20/06 (850) 769-8981**

Date

Daytime Phone #

STAPLE CHECK HERE