2006 LIMITED PARTNERSHIP ANNUAL REPORT FILED **Due By May 1, 2006** DOCUMENT # A11884 1. Entity Name 2006 APR 18 AM 9: 29 MEADOWFIELD APARTMENTS, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 11635 NW 1ST AVENUE 11635 NW 1ST AVENUE GAINESVILLE, FL 32607 GAINESVILLE, FL 32607 03012006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2281814 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CURTIS, JOHN M. DO NOT WRITE 11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607 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 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # NAME CURTIS, JOHN M 11635 NW 1ST AVENUE STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL DOCUMENT # CURTIS, GAIL W NAME 300072419683 04/27/06--01042--003 **508.75 STREET ADDRESS 11635 NW 1ST AVENUE CITY-ST-ZIP GAINESVILLE, FL DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME

14. I hereby certify that the information supplied with this filling 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

John M. Curtis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE:

General Partner 03/09/06

352-332-0838

Applied For

Not Applicable