

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # A11991

1. Entity Name
CURIOSITY CREEK APARTMENTS, LTD.



Principal Place of Business
**109 WEST COMMERCIAL ST.
SANFORD, FL 32771**

Mailing Address
**109 WEST COMMERCIAL ST.
SANFORD, FL 32771**



04042006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2167896

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARCAP REALTY SERVICES GROUP, INC.
109 WEST COMMERCIAL ST.
SANFORD, FL 32771**

**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 J. Stephen Miller V.P.

4-24-06
DATE

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

1100000535537
05/08/06-80059-013 500.00

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 # **P98000019859**
NAME **BARON CAPITAL LXXXV, INC.**
STREET ADDRESS **109 WEST COMMERCIAL ST**
CITY-ST-ZIP **SANFORD, FL 32771**

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

DOCUMENT #
NAME
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: J. Stephen Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-24-06

Date

407 688 7362

Daytime Phone #

STAPLE CHECK HERE