

**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**

DO NOT WRITE IN THIS SPACE



04042006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-2167896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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* **J. STEPHEN MILLER, P.** DATE 4-24-06

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**

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	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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* **J. STEPHEN MILLER** DATE 4-24-06 OTHER PHONE # 407 688 7362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Other Phone #