2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## DOCUMENT # A12146

1. Entity Name



SECRETARY OF STATE DIVISION OF CORPORATIONS

MARATHON HOUSING ASSOCIATES, LTD.				05 AUG 24 AM 9: 27
1400 KENNEDY DRIVE P.O. BOX 2476		Mailing Address 1400 KENNEDY DRIVI P.O. BOX 2476 KEY WEST, FL 33040	_	THE RESERVE THE RE
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07112005 Chg-LP CR2E003 (10/03)
City & State		City & State		4. FEI Number Applied For 13-3151843 Not Applicable
Žip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent	-	7. Name and Address of New Registered Agent
A LOTHING TO AN AND THE CORP.			Name	
CASTILLO, J. MANUEL SR. 1400 KENNEDY DR. KEY WEST, FL 33040			Street Add	ress (P.O. Box Number is Not Acceptable)
				7.0.0
			City	FL Zip Code
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.				
9. Capital Contributions as Shown on record \$1,500,099.00 In FLORIDA to da				In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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 13. ADDRESS CHANGES ONLY				
DOCUMENT /	743735			
NAME	MONROE COUNTY HOUSING CORPORATION		STREET ADDRESS	02 16 05-01044-002-#70.00
STREET ADDRESS CITY-ST-ZIP			CITY+ST-ZIP	
DOCUMENT / NAME	MONROE COUNTY HOUSING AUTHORITY  S   SOMBRERO RD.		STREET ADDRESS	
STREET ADDRESS			CITY-ST-ZIP	700059200237 08/31/0501067023 **148.75
DOCUMENT #	MARKITON, I E			
NAME STREET ADDRESS			STREET ADDRESS	700059200237 
CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT / NAME			STREET ADDRESS	
STREET ADDRESS City-1:1-Zip			CITY-ST-ZIP	
DOCUMENT /			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCÉMENT #			STREET ADDRESS	
NAME	1			
STREET_ADDRESS			CITY-ST-ZIP	
STREET_ADDRESS CITY-ST-ZIP	certify that the information supplied with	h this filing does not qualify for	or the exemption stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information as if made under oath; that I am a General Partner of the limited partnership or as