


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A12146 1. Entity Name MARATHON HOUSING ASSOCIATES, LTD.	
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SECRETARY OF STATE
CORPORATIONS

06 FEB 20 AM 8:49

Principal Place of Business 1400 KENNEDY DRIVE P.O. BOX 2476 KEY WEST, FL 33040	Mailing Address 1400 KENNEDY DRIVE P.O. BOX 2476 KEY WEST, FL 33040
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[Handwritten signature]



01092006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3151843	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 CASTILLO, J. MANUEL SR. 1400 KENNEDY DR. KEY WEST, FL 33040
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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 _____ DATE _____
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.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	743735
NAME	MONROE COUNTY HOUSING CORPORATION
STREET ADDRESS	1400 KENNEDY DRIVE
CITY-ST-ZIP	KEY WEST, FL
DOCUMENT #	S.421.04,FS
NAME	MONROE COUNTY HOUSING AUTHORITY
STREET ADDRESS	SOMBRERO RD.
CITY-ST-ZIP	MARATHON, FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *[Handwritten signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/19/06

Date

305-292-6143

Daytime Phone #