

#508.75

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 JAN 23 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A12146

1. Entity Name
MARATHON HOUSING ASSOCIATES, LTD.

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

DO NOT WRITE IN THIS SPACE



01092007 No Chg-LP

CR2E003 (12/06)

07

4. FEI Number

13-3151843

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CÁSTILLO, J. MANUEL SR.
1400 KENNEDY DR.
KEY WEST, FL 33040DO 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00A 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, FLDOCUMENT # S.421.04.FS
NAME MONROE COUNTY HOUSING AUTHORITY
STREET ADDRESS SOMBRERO RD.
CITY - ST - ZIP MARATHON, FLDOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP400086686894
01/30/07--01023--009 **648.75DO 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE