## 2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

STAPLE

SIGNATURE:

## Feb 03, 2006 08:00 AM Secretary of State DOCUMENT # A13170 1. Entity Name ORANGE PARK ASSOCIATES, LTD. Principal Place of Business Mailing Address 6400 POWERS FERRY ROAD, N.W. 3753 CARDINAL POINT SUITE 224 ATLANTA, GA 30339 DR. SUITE 1 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E003 (10/05) City & State City & State Applied For 4. FEI Number 58-1492727 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARRY J. GOLDSTEIN GOLDSTEIN REALTY GROUP, INC 1300 RIVERPLACE BLVD STE 105 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32207 City 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, typed or printed name of registered agent and lifts if applicable FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2005, fee will be \$900. \*\*\* Make check payable to Florida Department of State. 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 # STREET ADDRESS MAME KRITZER, CRAIG H. STREET ADDRESS 8400 POWERS FERRY RD 224 U00000418931 4<mark>14/96-89026-019-50**9.8**8</mark> CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA DOCUMENT # STREET ADDRESS NAME LEVICK, MARK J. STREET ADDRESS 6400 POWERS FERRY RD 224 COY-SI-ZIP CHTY-ST-ZIP ATLANTA GA DOCUMENT # STREET ADDRESS NAME STREET ADORESS CHY-SI-ZIP CITY-\$7-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CMY-ST-JP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP DITY-\$1-21P OCCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 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 contained 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 partners or the receiver or trustee propowered to exempte this report as required by Chapter 620, Florida Statutes.

FILED