


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 9:11

DOCUMENT # A14955		
1. Entity Name CAMBRIDGE SQUARE OF HOLLYWOOD ASSOCIATES, A LIMITED PARTNERSHIP		

Principal Place of Business P.O. BOX 40177 INDIANAPOLIS, IN 46240 8425 Woodfield Crossing Blvd. Ste 300 W	Mailing Address P.O. BOX 40177 INDIANAPOLIS, IN 46240
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03242006 Chg-LP CR2E003 (11/05)

4. FEI Number 35-1571183	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KARNS, LARRY A 7332 NW FIFTH ST PLANTATION, FL 33317		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 _____	DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

\$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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	SMITH, ANITA S		
STREET ADDRESS	8425 WOODFIELD CROSSING BLVD. STE 300W 200	CITY-ST-ZIP	
CITY-ST-ZIP	INDIANAPOLIS, IN 46240		
DOCUMENT #	NAME	STREET ADDRESS	
	BISESI, JAMES T		
STREET ADDRESS	8617 SEAWARD LANE	CITY-ST-ZIP	
CITY-ST-ZIP	INDIANAPOLIS, IN 46256		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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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: _____

James T. Bisesi

317-469-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE