


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

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A15358</b> 1. Entity Name EDGEWATER PARK APARTMENTS, LTD.	
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Principal Place of Business P.O. BOX 13526 MACON GA 31208-3526	Mailing Address P.O. BOX 13526 MACON GA 31208-3526
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E003 (10/05)

4. FEI Number <b>59-2417292</b>	Applied For <input type="checkbox"/> Not Applied
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6. Name and Address of Current Registered Agent  <b>COMER, DON 1801 JOBYNA AVE ORANGE PARK FL 32073</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 date if applicable

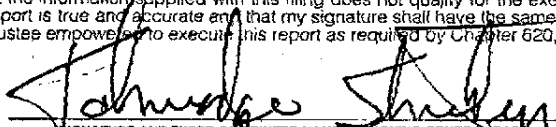
**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>STUCKEY, TALMADGE 171 RIVOLI RIDGE DR. MACON GA</b>	STREET ADDRESS CITY-ST-ZIP	<b>02/28/06-80056-001 508.75</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>STUCKEY, REVA 171 RIVOLI RIDGE DR. MACON GA</b>	STREET ADDRESS CITY-ST-ZIP	
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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:  2/9/06 478-742-795