


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT #A17422		
1. Entity Name CRYSTAL RIVER APARTMENTS, LTD.		

Principal Place of Business P. O. BOX 610 MONTICELLO, FL 32345	Mailing Address P. O. BOX 610 MONTICELLO, FL 32345
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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

6. Name and Address of Current Registered Agent	
MILLER, WILTON R. 201 SOUTH MONROE STREET SUITE 500 TALLAHASSEE, FL 32301	

FILED

2006 MAR -2 PM 12: 28

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA




02212006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-2661153	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name Wilton R. Miller	
Street Address (P.O. Box Number is Not Acceptable) 101 North Monroe Street	
Suite Suite 900	
City Tallahassee	FL Zip Code 32301

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  **Wilton R. Miller** 02/21/2006
Signature, typed or printed name of registered agent and title if applicable. DATE

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	MILLER, WILTON R. 201 S. MONROE ST., #500 TALLAHASSEE, FL	STREET ADDRESS	101 North Monroe Street, Suite 900
NAME		CITY-ST-ZIP	Tallahassee, FL 32301
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STREET ADDRESS			
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 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:  **Wilton R. Miller** 02/21/2006 850-222-8611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE