

2006 LIMITED PARTNERSHIP ANNUAL REPORT.
Due By May 1, 2006

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A18793

1. Entity Name
PALM BROOK APARTMENTS, LTD.



Principal Place of Business
% LANDMARK MANAGEMENT COMPANY
P.O. BOX 99564
LOUISVILLE, KY 40269-0564

Mailing Address
% LANDMARK MANAGEMENT COMPANY
P.O. BOX 99564
LOUISVILLE, KY 40269-0564



01052006 No Chg-LP

CRZE003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1056768

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, ANNETTE
37 BROOK CIRCLE
LEESBURG, FL 34748

DO 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, 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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
HARDING, NEAL
2509 PLANTSIDE DR.
LOUISVILLE, KY 40299

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000433003
02/23/06-80092-009 508.75

DO 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:

Neal Harding

NEAL HARDING

1/6/2006

502-499-9991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE