## **2006 LIMITED PARTNERSHIP ANNUAL REPORT** Due By May 1, 2006

APLE

SIGNATURE: =

'FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT #A19891 1. Entity Name 06 APR 24 AM 8: 55 ALBANY PLACE '85, LTD. Principal Place of Business Mailing Address 1336 SEA MARSH COVE 1336 SEA MARSH COVE AMELIA ISLAND, FL 32034 AMELIA ISLAND, FL 32034 2. Principal Place of Business
12 Sea Marsh 3. Mailing Address 12 Seamarch Love Suite, Apt. #, etc. Suite, Apt. #, etc. 04212006 CR2E003 (11/05) Chg-LP City & State City & State Applied For 4. FEL Number melia 59-2527807 Not Applicable \$8.75 Additional 5. Certificate of Status Desired SA 32034 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1000 ASBURY, TOM Street Address (P.O. Box Number is Not Acceptable) 3655 LEEWOOD LANE JACKSONVILLE, FL 32217 Ksonville 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS Sea March SMITH, LLOYD III 1336 SEA MARSH COVE NAME STREET ADDRESS CITY-ST-ZIP Amelia-Island CITY-ST-7(P AMELIA ISLAND, FL 32034 DOCUMENT # STREET ADDRESS NAME WEDEKIND, LEE D. JR. 1336 SEA MARSH COVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AMELIA ISLAND, FL 32034 DOCUMENT # STREET ADDRESS NAME LLOYD SMITH III AND ASSOCIATES STREET ADDRESS 1336 SEA MARSH COVE CITY-ST-ZIP 32034 CITY-ST-ZIP AMELIA ISLAND, FL 32034 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME <del>990074079500</del> 05/05/06--01047--012 \*\*50 STREET ADDRESS \*\*500.00 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME TET ADDRESS CITY-ST-ZIP UITÝ-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

loyd Sm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

124/06