

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

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

**DOCUMENT # A20504**

1. Entity Name  
**MIDDLEBURG ASSOCIATES, LTD.**



Principal Place of Business  
**7865 SOUTHSIDE BLVD.  
JACKSONVILLE, FL 32256**

Mailing Address  
**7865 SOUTHSIDE BLVD.  
JACKSONVILLE, FL 32256**



01242006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**59-2892902**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SELIGMAN, KAREN J.  
7865 SOUTHSIDE BLVD  
JACKSONVILLE, FL 32256**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box, Suite, etc.)

City

**DO NOT WRITE  
IN THIS SPACE**

**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

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 # **G95219900054**  
NAME **LD HOUSING PARTNERS**  
STREET ADDRESS **7865 SOUTHSIDE BLVD**  
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

000000515409  
04/29/06-80210-006 508.75

**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:

*Karen Seligman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/16/06

DATE

(904) 692-1259

DAYTIME PHONE #

STAPLE CHECK HERE