


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

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A20988</b>		
1. Entity Name <b>CHAPEL TRAIL ASSOCIATES, LTD.</b>		

Principal Place of Business <b>21011 JOHNSON STREET SUITE 101 PEMBROKE PINES FL 33029</b>	Mailing Address <b>21011 JOHNSON STREET SUITE 101 PEMBROKE PINES FL 33029</b>
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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

1st MOORE CR2E003 (10/05)

4. FEI Number <b>59-2565394</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>KOENIG, PAUL 21011 JOHNSON STREET, SUITE 101 PEMBROKE PINES FL 33029</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 title if applicable

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

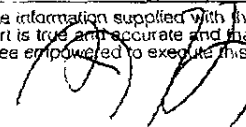
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>A11492</b>	NAME <b>CHAPEL TRAIL, LTD.</b>	STREET ADDRESS	
STREET ADDRESS <b>9000 SHERIDAN ST. #130</b>		CITY-ST-ZIP	
CITY-ST-ZIP <b>PEMBROKE PINES FL</b>			
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**1000000424233**  
**02/18/06-80036-014 500.00**

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:  **Chapel Trail, Ltd. its general partner**  
**by Sajik Corp**  
**Chapel Trail, Ltd. its general partner**  
**2/06/06**