2006 LIMITED PARTNERSHIP ANNUAL REPORT Due by May 1, 2006

DO NOT WRITE IN THIS SPACE

DOCUMENT # A24289

THE FOUNTAINS APARTMENTS, LTD.



FILED Mar 16, 2006 08:00 AM Secretary of State

Principal Place of Business

9095 S.W. 87TH AVE. **SUITE 777**

MIAMI, FL 33176

Mailing Address

9095 S.W. 87TH AVE. SUITE 777 MIAMI, FL 33176



01112006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-2806960

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, JAMES R. 9095 SW 87TH AVE. SUITE 777 MIAMI, FL 33176

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, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE 13 \$500.00 After May 1, 2006, Fee will be \$900.00

GENERAL PARTNER INFORMATION

000000489634 03/27/06-80007-016 **5**00**.0**0

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.

	14.	GENERAL PARTIAL INFORMATION
STAPLE CHECK HERE	GOCUMENT #	511577
	NAME	PROFESSIONAL MANAGEMENT, INC.
	STREET ADDRESS	9095 S.W. 87TH AVE.,#777
	CITY-ST-ZIP	MIAMI, FL
	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 AODRESS	
	CITY-ST-ZIP	
	16. I hereby o	certify that the information supplied with this filling does not qualify for

DO NOT WRITE IN THIS SPACE

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 trusted empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

James R. Mitchell 03/13/06

305-270-0870