2006 LIMITED PARTNERSH P-AMNUAL REPORT Due By May 1, 2006

DOCUMENT # A25073 NORTHGATE PLACE APARTMENTS, LTD. 06 FEB 14 AH 8: 40 Principal Place of Business Mailing Address 4300 ATOLL COURT 4300 ATOLL COURT NAPLES, FL 34116 NAPLES, FL 34116 2. Principal Place of Business 3. Mailing Address c/o Harris Cramer IIP Suite Apt. #. etc. Suite, Apt. #, etc. 182006 Chg-LP CR2E003 (11/05) 1555 Palm Beach Lakes Bivd., Ste. Applied For City & State City & State 4. FEI Number 59-2836399 Not Applicable West Palm Beach, FL Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33401 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARRIS CRAMER LLP Street Address (P.O. Box Number is Not Acceptable) 1555 PALM BEACH LAKES BOULEVARD **SUITE 310** WEST PALM BEACH, FL 33401 Zip Code City 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 ADDRESS CHANGES ONLY 12. 13. DOCUMENT # P05000162128 STREET ADDRESS NORTHGATE GENERAL PARTNER, INC. NAME STREET ADDRESS % 1555 PALM BEACH LAKES BOULEVARD #310 500066807845 CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH, FL 33401 02/28/06--01025--010 **508.75 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP 14. Thereby 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 redicated 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes Northpate General Partner, Inc. 1/24/06 SIGNATURE: ED NAME OF SI Fabrizio Juni ese