

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A25073
 1. Entity Name
 NORTHGATE PLACE APARTMENTS, LTD.



SEC. DIVISION STATE RECORDS

06 FEB 14 AM 8:40

Principal Place of Business
 4300 ATOLL COURT
 NAPLES, FL 34116

Mailing Address
 4300 ATOLL COURT
 NAPLES, FL 34116

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 c/o Harris Cramer LLP
 Suite, Apt. #, etc.
 1555 Palm Beach Lakes Blvd., Ste. 310
 City & State
 West Palm Beach, FL
 Zip Country
 33401 USA



6. Name and Address of Current Registered Agent
 HARRIS CRAMER LLP
 1555 PALM BEACH LAKES BOULEVARD
 SUITE 310
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P05000162128	STREET ADDRESS	
NAME	NORTHGATE GENERAL PARTNER, INC.	CITY-ST-ZIP	500066207845
STREET ADDRESS	% 1555 PALM BEACH LAKES BOULEVARD #310		02/28/06--01025--010 **\$500.75
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	STREET ADDRESS	
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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: *Fabrizio Luchese* 1/24/06 800-572-3564
Signature and typed or printed name of signing general partner. Date Daytime Phone #

By: Fabrizio Luchese