


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A25091
 1. Entity Name
 BRIARWOOD APARTMENTS OF VERO BEACH, LTD.



Principal Place of Business Mailing Address
 7865 SOUTHSIDE BLVD 7865 SOUTHSIDE BLVD
 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256



01242006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-2834977	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 32216

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number, if applicable) _____
 City _____ FL _____ Zip Code _____

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

U00000515503
 04/29/06-80210-018 508.75

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 Date: 5/16/06 Daytime Phone #: (904) 642-1259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE