

**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

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

DOCUMENT # A27146
1. Entity Name
**HARBOUR SQUARE ASSOCIATES LIMITED
PARTNERSHIP**



Principal Place of Business
**247 N WESTMONTE DR
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**247 N WESTMONTE DR
ALTAMONTE SPRINGS, FL 32714**



04192006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **05-0441441** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FILDES, RICHARD J ESQ.
% LOWNDES, DROSDICK, DOSTER, KANTOR ET AL
215 N. EOLA DRIVE
ORLANDO, FL 32801**

**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**

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05/10/06-80078-008 500.00

**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 # **G46246**
NAME **PICERNE DEVELOPMENT CORPORATION OF FLORIDA**
STREET ADDRESS **247 N. WESTMONTE DR.**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

DOCUMENT #
NAME **PICERNE, ROBERT M**
STREET ADDRESS **247 N. WESTMONTE DR.**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *[Signature]* **Jantleflinger** 4/21/06 407.372.0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #