

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

SEC. OF STATE
 DIVISION OF CORPORATE & FINANCIAL SERVICES
 06 FEB 14 AM 8:40

DOCUMENT # A31507 1. Entity Name HOMESTEAD APARTMENTS ASSOCIATES, LTD.					
Principal Place of Business 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145				Mailing Address 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145	
2. Principal Place of Business <i>600 Columbus Circle</i>		3. Mailing Address <i>600 Columbus Circle</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01182006 Chg-LP CR2E003 (11/05)	
City & State <i>New York NY</i>		City & State <i>NY NY</i>		4. FEI Number 65-0266389	
Zip <i>10023</i>		Country <i>USA</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	617998		STREET ADDRESS		
NAME	THE RELATED COMPANIES OF FLORIDA, INC.		CITY - ST - ZIP		
STREET ADDRESS	2828 CORAL WAY PENTHOUSE SUITE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33134		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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STAPLE CHECK HERE

1. 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 689, Florida Statutes.

SIGNATURE: *Angel Hernandez* **ANGEL HERNANDEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **VICE-PRESIDENT** 1/18/06
Date Daytime Phone #