## -2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE CHECK HERE

1. Entity Name	e	# A32791 ARTMENTS ASSOC		อกที่รู้ <b>06</b>	FEB 14	AM 8:	Ala Tigus <b>40</b>		
Principal Place of Business  2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145  Mailing Address  2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145					SUITE		48 HBH (SP)8 (Bust o	<b>141 613</b> 11 <b>613</b> 11 <b>71</b> 11	
2. Principal Place of Business  OD LO LU Mbus CRCle 60 CoLUMB US  Suite, Apt. #, etc.  3. Mailing Address  Suite, Apt. #, etc.					Circle	01182006	Chg-LP		003 (11/05)
Sity's State YORK NY			Plys State More	_	NY	4. FEI Number Applied For 65–0344989 Not Applicable			
<sup>2</sup>  00	23	Country	7002-3	Coun	stry	5. Certificate of			\$8.75 Additional Fee Required
<del></del>	6. Name	and Address of Current F	7. Name and Address of New Registered Agent Name						
CORPORA 1201 HAYS TALLAHAS	STREET		Street Address (P.O. Box Number is Not Acceptable)						
			City	<u></u>		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 Signature, typed or printed name of registered agont 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 #	1 79388				EET ADDRESS				
NAME	RELATED AFFORDABLE HOUSING, INC.				LET ADDRESS		<del></del> .		
STREET ADDRESS CITY-ST-ZIP					'-ST-ZIP	tro	illeriik siller	e <sup></sup> e e <sup></sup> e <sup></sup>	, ,, <sub> </sub>
DOCUMENT #	10117 (1711)			_		02/28/(	0 <b>065</b> 060102	5008	**508.75
NAME				SIR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP		<u>,,,,                                  </u>		CITY	'-\$T-2IP				
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NAME				STR	EET ADDRESS			·	
STREET ADDRESS CITY-ST-ZIP			ALT DU	i	/-ST-ZIP	and the Observation	EL-14- O	- 16 2	
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  ANGEL HERNANDEZ  ANGEL HERNANDEZ									
SIGNATURE: VICE-PRESIDENT //19/06									