

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # A92000000048					
1. Entity Name SMUGGLERS COVE PARTNERS, LTD.					
Principal Place of Business 5505 N. ATLANTIC AVENUE, SUITE 115 COCOA BEACH, FL 32931			Mailing Address 5505 N. ATLANTIC AVENUE, SUITE 115 COCOA BEACH, FL 32931		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01042006 Chg-LP CR2E003 (11/05)	
4. FEI Number 59-3151113				Applied For (Not Applicable)	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVENUE, SUITE 115 COCOA BEACH, FL 32931			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 _____ U00000401796 02/02/06-80061-004 \$08.75					
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 #	V24984		STREET ADDRESS		
NAME	HERITAGE PARTNERS GROUP, INC		CITY-ST-ZIP		
STREET ADDRESS	5505 N. ATLANTIC AVENUE, SUITE 115		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
DOCUMENT #	N46775		STREET ADDRESS		
NAME	AFFORDABLE HOUSING SOLUTIONS FOR FL., INC.		CITY-ST-ZIP		
STREET ADDRESS	2730 S.W. 3RD AVENUE, SUITE 202		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ List Daytime Phone #					

STAPLE CHECK HERE