

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A93000001323

1. Entity Name

MARINER'S COVE APARTMENTS ASSOCIATES, LTD.



Principal Place of Business

699 WALNUT STREET
SUITE 1700
DES MOINES, IA 50309

Mailing Address

699 WALNUT STREET
SUITE 1700
DES MOINES, IA 50309

DO NOT WRITE IN THIS SPACE



04192006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

65-0484234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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 #

P94000070005

NAME

SOLUTIONS MARINER, INC.

STREET ADDRESS

2730 S.W. 3RD AVENUE, SUITE 202

CITY-ST-ZIP

MIAMI, FL 33129

DOCUMENT #

P94000044490

NAME

ADVANCED HOUSING CORPORATION - MARINER, INC

STREET ADDRESS

2730 S.W. 3RD AVENUE, SUITE 202

CITY-ST-ZIP

MIAMI, FL 33129

DOCUMENT #

M00000001227

NAME

CED API-H HOLDINGS, L.L.C.

STREET ADDRESS

699 WALNUT STREET, SUITE 1700

CITY-ST-ZIP

DES MOINES, IA 50309

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

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:

CED API-H Holdings, L.L.C.
By: Acm Properties, Inc.

By: Linda Olson

Linda Olson, Asst. Sec.

Date

4/19/06

Daytime Phone #

515/362-3603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

**DO NOT WRITE
IN THIS SPACE**

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05/06/06-80045-002 500.00