


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A93000001323</b>			
1. Entity Name <b>MARINER'S COVE APARTMENTS ASSOCIATES, LTD.</b>			
Principal Place of Business <b>699 WALNUT STREET SUITE 1700 DES MOINES, IA 50309</b>		Mailing Address <b>699 WALNUT STREET SUITE 1700 DES MOINES, IA 50309</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04102007 Chg-LP CR2E003 (12/06)	
		4. FEI Number <b>65-0484234</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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		DATE	
Signature, typed or printed name of registered agent and title if applicable.			
<b>FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P94000070005 SOLUTIONS MARINER, INC. 2730 S.W. 3RD AVENUE, SUITE 202 MIAMI, FL 33129	STREET ADDRESS CITY - ST - ZIP	<b>000000730025</b> <b>05/08/07-80094-025 500.00</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P94000044490 ADVANCED HOUSING CORPORATION - MARINER, INC 2730 S.W. 3RD AVENUE, SUITE 202 MIAMI, FL 33129	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	M00000001227 CED API-I HOLDINGS, L.L.C. 699 WALNUT STREET, SUITE 1700 DES MOINES, IA 50309	STREET ADDRESS CITY - ST - ZIP	
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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: <b>By: Linda Olson</b>		Date <b>4/10/07</b> Daytime Phone # <b>515/362-3603</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

STAPLE CHECK HERE