

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A93000001375

1. Entity Name
STEEPLECHASE APARTMENTS, LTD.



Principal Place of Business
**11635 N.W. 1ST AVENUE
GAINESVILLE, FL 32607**

Mailing Address
**11635 N.W. 1ST AVENUE
GAINESVILLE, FL 32607**

[Handwritten signature]

FILED

2006 APR 19 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03012006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3216543

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CURTIS, JOHN M
11635 N.W. 1ST AVENUE
GAINESVILLE, FL 32607**

**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 #	
NAME	CURTIS, JOHN M
STREET ADDRESS	11635 N.W. 1ST AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32607
DOCUMENT #	
NAME	CURTIS, GAIL W
STREET ADDRESS	11635 N.W. 1ST AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32607
DOCUMENT #	
NAME	SCOTT, STEVE W
STREET ADDRESS	5700 S.W. 34TH STREET, #1112
CITY-ST-ZIP	GAINESVILLE, FL 32608
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900072416249
04/27/06--01041--022 **508.75

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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 *[Handwritten signature]* **John M. Curtis**
General Partner

04/17/06 352-332-0838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #