2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 28, 2006 08:00 AN Secretary of State

DOCU	MENT	# A9	4000	00021	13
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1. Entity Name

EMERALD PLACE APARTMENTS OF BREVARD, LTD.



Principal Place of Business

Mailing Address

1002 WEST 23RD STREET, SUITE 400 PANAMA CITY, FL 32405

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DO NOT WRITE IN THIS SPACE

01102006 No Chg-LP CR2E003 (11/05) Applied For 4. FEI Number 59-3225733 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required 7. Name and Address of New Registered Agent

PIPPIN, LAURETTA J

1002 WEST 23RD STREET, SUITE 400 PANAMA CITY, FL 32405

Street Address (P.O. BDO on NOTCOMRITE

IN THIS SPACE

City

Zip Code

3. 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.

5. Name and Address of Current Registered Agent

FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00

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ADDRESS CHANGES ONLY

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.
DOCUMENT #	G76732 FIRST SPECTRUM, INC.	STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP		CHY-ST-ZIP
DOCUMENT # NAME		STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP		CITY-ST-2IP
DOCUMENT # NAME		STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP
DOCUMENT # NAME		STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP		City-St-Zip
DOCUMENT # NAME		STREET AODRESS
STREET ADDRESS CITY-ST-ZIP		CITY-\$1-ZIP
DOCUMENT # NAME		STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP		CITY-S1-2IP

DO NOT WRITE IN THIS SPACE

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 cath; that I am a General Partner of the limited partnership or the receiver or trustee employeered to execute his report as required by Chapter 620, Florida Statutes

RIVIED NAME OF SIGNING GENERAL PARTNER

SIGNATURE

STAPLE CHECK HERE

Lauretta J. Pippin, Secretary

4/20/06

(850) 769-8981

Daytime Phone #