

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:46

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



04052006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3309337	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DOCUMENT # A95000000550			
1. Entity Name CHARTER REALTY, LTD.			
Principal Place of Business 4745 SUTTON PARK COURT, SUITE 501 BLDG. 500 JACKSONVILLE, FL 32224		Mailing Address 4745 SUTTON PARK COURT, SUITE 501 BLDG. 500 JACKSONVILLE, FL 32224	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent BARTLETT, BARON 50 HIGHWAY A1A #103 PONTE VEDRA BEACH, FL 32082		7. Name and Address of New Registered Agent Name Christopher J. Hurst Street Address (P.O. Box Number is Not Acceptable) 4540 Southside Blvd, Suite 302 City Jacksonville FL Zip Code 32216	
---	--	--	--

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]* DATE **4-10-06**

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

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 # P95000023925	NAME SOUTHERN REALTY OF N.E. FLORIDA, INC.	STREET ADDRESS	
STREET ADDRESS 4745 SUTTON PARK COURT, SUITE 501	CITY-ST-ZIP JACKSONVILLE, FL 32224	CITY-ST-ZIP	
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 ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

100074695531
05/17/06--01003--023 **\$500.00

9. 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: *[Signature]* **Beth Antzaklis** **4/20/06** **904 992-2100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE