

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A95000001707

1. Entity Name
LATELL CROIX APARTMENTS, LTD.



Principal Place of Business
1901 LINHART #10
FT. MYERS, FL 33901

Mailing Address
~~1901 LINHART #10~~ 3207 Broadway
FT. MYERS, FL 33901

FILED

06 MAY -1 PM 1:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA



04042006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0617924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LATELL, FRANK A
1901 LINHART #10
FT. MYERS, FL 33901

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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
STREET ADDRESS
CITY - ST - ZIP
LATELL, FRANK A
PEPPERTREE APTS MANAGER, 3207 BROADWAY #77
FT. MYERS, FL 33901

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
P95000082067
CROIX APARTMENTS OF LEE COUNTY, INC.
PEPPERTREE APTS MANAGER, 3207 BROADWAY #77
FT. MYERS, FL 33901

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05/17/06--01005--004 **500.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #