2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A95000001709

LATELL PEPPERTREE APARTMENTS, LTD.



FILED 06 MAY -1 PM 1: 28

Principal Place of Business

1901 LINHART #10 FT. MYERS, FL 33901

Mailing Address

1901 LINHART #10 3007 Broadway SECRETARY OF STATE AND SEE FLORIDA FT. MYERS, FL 33901

DO NOT WRITE IN THIS SPACE

04042006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0617928

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

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

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.

ı				
I	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	P95000082073 PEPPERTREE APARTMENTS OF LEE COUNTY, INC. PEPPERTREE APTS MANAGER, 3207 BROADWAY #77 FT. MYERS, FL 33901		
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
ſ	DOCUMENT #			

700074675517 05/16/06--01042--023 **500.00

DO NOT WRITE IN THIS SPACE

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 rustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

ADDRESS

STREET ADDRESS CITY-ST-ZIP

Date

Daytime Phone #