## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 6, 2006

CHECK

SIGNATURE:

## FILED **DOCUMENT # A96000001692** 06 JUN -7 PH 1: 45 GOLÉVIEW APARTMENTS ASSOCIATES, LTD. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 730 THIRD AVENUE, 9TH FLOOR 730 THIRD AVENUE, 9TH FLOOR NEW YORK, NY 10017 NEW YORK, NY 10017 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05162006 CR2E003 (11/05) Chg-LP City & State City & State 4. FEI Number Applied For 59-3401567 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. 809076 OCCUMENT # STREET ADDRESS NAME TEACHERS INSURANCE & ANNUITY ASSOC OF AMER STREET ADDRESS 730 THIRD AVENUE, 9TH FLOOR CITY-ST-ZIP CUY-ST-ZP NEW YORK, NY 10017 <del>700076244337</del> DOCUMENT # 06/15/06--01035--015 STREET ADDRESS \*\*CUU UU STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-ST-78P DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE ( DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 14. I hereby certify that the information supplied with this fifing 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

Serlen,

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER