

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000002209**

1. Entity Name  
ESKO-ST. CLOUD AFFORDABLE HOUSING, LTD.



Principal Place of Business  
340 ROYAL POINCIANA WAY, SUITE 305  
PALM BEACH, FL 33480

Mailing Address  
340 ROYAL POINCIANA WAY, SUITE 305  
PALM BEACH, FL 33480



01122006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0798070

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMLIN, CURTIS D ESQ.  
HARLEE, PORGES, HAMLIN, KNOWLES, BALD  
1205 MANATEE AVENUE WEST  
BRADENTON, FL 34205

**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

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 # P96000087402  
NAME ESKO AFFORDABLE HOUSING, INC.  
STREET ADDRESS 340 ROYAL POINCIANA WAY, SUITE 305  
CITY-ST-ZIP PALM BEACH, FL 33480

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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U00000544944  
05/11/06-80057-001 500.00

**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 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 #

STAPLE CHECK HERE