2006 Limited Partnership annual report Due By May 1, 2006

FILED May 06, 2006 08:00 AM Secretary of State

| DOCUM | ENT# | A970000 | 2001 | 196 |
|-------|------|---------|------|-----|
|-------|------|---------|------|-----|

ESKO-CALUSA SPRINGS AFFORDABLE HOUSING, LTD.



Principal Place of Business

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

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



DO NOT WRITE IN THIS SPACE

01122008 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0772328

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. HARLLEE, PORGES, HAMLIN, KNOWLES ET AL 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 changin | its registered office or registered agent, or both | , in the State of Florida. I am familiar with, and accept |
|---|--|---|
| the obligations of registered agent. | - | |

SUBLET ADDRESS CITY-ST-ZIP

SHEEF LADORESS CITY-51-21P

SIGNATURE Signature, typed or printed nemo of registered agent and title if applicable

FILE NOW!!! FEE 13 \$500.00 After May 1, 2008, 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 | | |
| €ITY-ST-ZIP | PALM BEACH, FL 33480 | | |
| DOCUMENT # NAME STREET ADDRESS CITY ST-ZIP | | | |
| DOCUMENT # | | | |

000000541181 85/10/06-80049-802 **500.00**

DO NOT WRITE IN THIS SPACE

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCHMENT # NAME STREET ADDRESS CITY ST TIP DOCUMENT # NAME

14. I hereby certily 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

Caytima Phone 4