


508.75

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

**DOCUMENT # A97000000254**

1. Entity Name  
SUGAR HILL APARTMENTS, LTD.



Principal Place of Business 8500 N.W. 25 AVENUE MIAMI, FL 33147	Mailing Address 8500 N.W. 25 AVENUE MIAMI, FL 33147
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**DO NOT WRITE IN THIS SPACE**

FILED  
06 MAY -1 PH 2:46

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



03092006 No Chg-LP CR2E003 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WASHINGTON, LYNN C  
% HOLLAND & KNIGHT  
701 BRICKELL AVE., SUITE 3000  
MIAMI, FL 33147

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P05000128228
NAME	ULGM SUGAR HILL, INC.
STREET ADDRESS	8500 N.W. 25 AVENUE
CITY-ST-ZIP	MIAMI, FL 33147
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STAPLE CHECK HERE

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: *W. Fair* 04/19/06 (305) 696-4450  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

TALMADGE W. FAIR