

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000001279 1. Entity Name ANDOVER PLACE NORTH LIMITED PARTNERSHIP					
Principal Place of Business 10202 ALTAVISTA AVENUE TAMPA FL 33647			Mailing Address C/O SENTINEL REAL ESTATE CORPORATION 1251 AVENUE OF THE AMERICAS, 36TH FLO NEW YORK NY 10020		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3516794	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON FL 33331				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P98000046117 ANDOVER PLACE NORTH, INC. 1251 AVENUE OF THE AMERICAS, 36TH FLOOR NEW YORK NY 10020		STREET ADDRESS CITY-ST-ZIP	_____ _____	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	_____ _____		STREET ADDRESS CITY-ST-ZIP	_____ _____	
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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: <u><i>Ronnie J. Winters, Secretary, Andover Place North, Inc</i></u> 4/14/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #



1st MOORE CR2E003 (10/05)

Applied For
Not Applicable

FL Zip Code

00000532916
05/06/06-80097-026 500.00

STAPLE CHECK HERE