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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A98000002435

1. Entity Name
AZALEA PLACE APARTMENTS, LIMITED

Principal Place of Business	Mailing Address
50 HURT PLAZA, SUITE 300 ATLANTA, GA 30303	8226 N WICKHAM RD SUITE 200 MELBOURNE, FL 32940

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2700 WYCLIFF RD. Suite Apt. #, etc. 312
City & State	City & State RALEIGH, NC
Zip / Country	Zip 27607 / Country WAKE

04042006 Chg-LP CR2E003 (11/05)

4. FEI Number
65-0882803
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRANSOM DEVELOPMENT INC 8226 N WICKHAM RD SUITE 200 MELBOURNE, FL 32940	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 $500.00
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M02000003517	STREET ADDRESS	2700 WYCLIFF RD., SUITE 312
NAME	CDC AZALEA GP, L.L.C.	CITY-ST-ZIP	RALEIGH, NC 27607
STREET ADDRESS	8226 N WICKHAM RD. SUITE 200		
CITY-ST-ZIP	MELBOURNE, FL 32940		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			
DOCUMENT #	MAY 2 4 2006	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS	CIU REV/ADM		
CITY-ST-ZIP			

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.

BY: ALETA J. HODGES, V.P. of Mgr. of CDC AZALEA ~~PLACE~~ GP, LLC, GEN. PART; CDC AZALEA GP, LLC

SIGNATURE: _____ 4-4-06 919-510-9660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #