


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR -7 AM 8:23

DOCUMENT # A98000002809			
1. Entity Name COLLEGE SQUARE APARTMENTS, LTD.			
Principal Place of Business 4400 BAYOU BOULEVARD, SUITE 52-B PENSACOLA, FL 32503		Mailing Address P.O. BOX 9469 PENSACOLA, FL 32513	
2. Principal Place of Business 4300 Bayou Blvd. Suite, Apt. #, etc. Suite 10		3. Mailing Address Suite, Apt. #, etc.	
City & State PENSACOLA, FL.		City & State	
Zip 32503	Country USA	Zip	Country
4. FEI Number 59-3298547		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		02212006 Chg-LP CR2E003 (11/05)	
8. Name and Address of Current Registered Agent NAPIER, PHILIP A 4400 BAYOU BOULEVARD, SUITE 52-B PENSACOLA, FL 32503		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4300 Bayou Blvd. Suite 10 City PENSACOLA FL Zip Code 32503	
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 #	NAPIER, PHILIP A 4400 BAYOU BOULEVARD, SUITE 52-B PENSACOLA, FL 32503	STREET ADDRESS	4300 Bayou Blvd., Suite 10
NAME		CITY-ST-ZIP	PENSACOLA, FL. 32503
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	500070461595
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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>Philip Napier</u>		Date: <u>03/29/06</u> 850-857-1881	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Day/Mo/Year	

STAPLE CHECK HERE