

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 City & State Pensacola, FL. Zip 32503		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA			
02212006 Chg-LP CR2E003 (11/05)				4. FEI Number 59-3298547	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	NAPIER, PHILIP A	4400 BAYOU BOULEVARD, SUITE 52-B	PENSACOLA, FL 32503	4300 Bayou Blvd., Suite 10	PENSACOLA, FL 32503
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> <u>03/29/06</u> <u>850-857-1881</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE