


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

DOCUMENT # A98000002889			
1. Entity Name HARBOR ASSOCIATES LIMITED PARTNERSHIP			
Principal Place of Business 230 NORMANDY CIRCLE PALM HARBOR FL 34683		Mailing Address 230 NORMANDY CIRCLE PALM HARBOR FL 34683	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

06 MAY 31 AM 11:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA



1st MOORE CR2E003 (10/05)

4. FEI Number 59-3539359		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 #	L98000002197	STREET ADDRESS	
NAME	KAPEX I, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	230 NORMANDY CIRCLE		
CITY-ST-ZIP	PALM HARBOR FL 34683		
DOCUMENT #		STREET ADDRESS	400078017844
NAME		CITY-ST-ZIP	06/08/06--01039--002 **908.75
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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

SIGNATURE *Martha J. Singh* **MARTHA J. SINGH** 5/10/06 856-797-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #