2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006.

DO NOT WRITE IN THIS SPACE

DOCUMENT # A99000001882

1. Entity Name

NASHVILLE EASTGATE PHASE I ASSOCIATES, LTD.



Principal Place of Business

300 SE 2ND ST.

FORT LAUDERDALE, FL 33301

Mailing Address

300 SE 2ND ST. FORT LAUDERDALE, FL 33301

FILED Apr 13, 2006 08:00 AM Secretary of State



01062006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 1 65-0961440

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, PATRICIA 300 SE 2ND ST. C/O STILES CORPORATION FORT LAUDERDALE, FL 33301

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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.	ý	
SIGNATURE		<u></u>
Signature, typed or printed name of registered agent and title it applicable	,	DATE

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.

GENERAL PARTNER INFORMATION 12. P99000099771 **GOCUMENT #** NAME NASHVILLE EASTGATE PHASE I ASSOCIATES, INC. STREET ADDRESS. 300 SE 2ND ST. CITY-ST-ZIP FORT LAUDERDALE, FL 33301 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT #

04/26/06-80131-009 500.00

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14. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-DP DUCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS City-St-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER