

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 10 AM 9:09

DOCUMENT # B00000000104

1. Entity Name  
GABLES CAMINO REAL LP



Principal Place of Business  
600 EAST LAS COLINAS BLVD., SUITE 1800  
IRVING, TX 75039

Mailing Address  
P.O. BOX 619091  
DALLAS, TX 75261-9091

**DO NOT WRITE IN THIS SPACE**

01232006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
75-2870452

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if 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.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT # M97000000516  
NAME APARTMENT COMMUNITY REALTY LLC  
STREET ADDRESS 600 EAST LAS COLINAS BLVD., SUITE 1800  
CITY-ST-ZIP IRVING, TX 75039

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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: Thomas F. Kavanagh  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Thomas F. Kavanagh  
Asst. Vice President

1/25/06  
Date

Daytime Phone #

STAPLE CHECK HERE