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

## **FILED** May 01, 2006 08:00 Al

DOCUMENT # B0400000012  1. Entity Name SECOND CHAPEL ASSOCIATES LP						Sec	eretai	ry (	of State
Principal Place of Business C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, SUITE 1101-E WEST PALM BEACH, FL 33401		Mailing Address C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, SUITE 1101-E WEST PALM BEACH, FL 33401							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202006	Chg-LP	CR2E0	33 (11/	'05)	
City & State		City & State		4. FEI Number APPLIED			L	Applied For Not Applicable	
Zip	Country	Country Zip Co		ntry	5. Certificate o	of Status Desired		8.75 ee Rec	Additional quired
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, SUITE 1101-E				Street Address (P.O. Box Number is Not Acceptable)					
WEST PAI	M BEACH, FL 33401								
				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 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.	GENÉRAL PARTNÉR		ADDRESS CHAP						
DOCUMENT # NAME	L03000046486 BBD WESLEY CHAPEL LLC			ET ADDRESS					}
STREET ADDRESS CITY-ST-ZIP	777 SOUTH FLAGLER DRIVE, SUITE 1101-E WEST PALM BEACH, FL 33401		CITY	-ST-ZIP					
DOCUMENT # NAME			STRE	ET ADDRESS		05/15/06-8	554189 30082-1	010	508.75
STREET ADDRESS CITY-ST-ZIP			спу	-ST-ZIP					
DOCUMENT # NAME			STRE	ET ADDRESS		•	,		
STREET ADDRESS CITY-ST-ZIP			CITY-	- ST - ZIP		•			
DOCUMENT # NAME			STRE	ET ADDRESS					
STREET ADDRESS CITY+ST-ZIP			CITY	-ST-ZIP					
DOCUMENT # NAME			STRE	ET ADDRESS					
STREET ADDRESS City-St-Zip			CITY-	·ST-ZIP					
DOCUMENT # NAME			STREI	ET AUDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP					
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 of the receiver or trustee ampowered to execute this report as required by Chapter Cart Fording Figure 1. The Partner of the limited partnership of the Partner of the P									
SIGNATURE: April 27, 2006 561-833-3777									-3777
SIGNATURE: Date Dayline Phone #									

STAPLE CHECK HERE