

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:47

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



01172006 Chg-LP CR2E003 (11/05)

4. FEI Number **251834994** Applied For
Not Applicable

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

DOCUMENT # B05000000086

1. Entity Name
AMERICAN ACCESS MORTGAGE, L.P.



Principal Place of Business Mailing Address
C/O CHASE VENTURES HOLDINGS, INC.
194 WOOD AVENUE SOUTH
ISELIN, NJ 08830

2. Principal Place of Business 3. Mailing Address
820 Township Line Rd

Suite, Apt. #, etc. Suite, Apt. #, etc.
SK B

City & State City & State
Yardley, PA

Zip Country Zip Country
19067

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 # **F04000001138**
NAME **CHASE VENTURES HOLDINGS, INC.**
STREET ADDRESS **194 WOOD AVENUE SOUTH**
CITY-ST-ZIP **ISELIN, NJ 08830**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

200074620782
05/15/06--01015--008 **500.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/28/06

Date

232-452-8349

Daytime Phone #

STAPLE CHECK HERE