


91375

2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

DUE BY MAY 1, 2006

DOCUMENT # B05000000500 1. Entity Name LPC HARBORTOWN LIMITED PARTNERSHIP	
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Principal Place of Business 1505 FEDERAL STREET DALLAS TX 75201	Mailing Address P.O. BOX 1920 DALLAS TX 75221
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

COUNTY - 1 MI 9:17

TALLAHASSEE FLORIDA



1st MOORE CR2E003 (10/05)

4. FEI Number 20-404 8310	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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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
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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 _____

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 #	M05000006350	STREET ADDRESS	
NAME	HARBORTOWN APARTMENTS LLC	CITY-ST-ZIP	
STREET ADDRESS	1505 FEDERAL STREET		
CITY-ST-ZIP	DALLAS TX 75201		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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 05/16/06-01020-007-**-500.00

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:  **Dennis Streit**
 Vice President- **4-24-06** **214-740-4440**
 Assistant Secretary Date Daytime Phone #