


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED 27 2006

**Apr 19, 2006 08:00 AM
Secretary of State**

DOCUMENT # B96000000328	
1. Entity Name INTERVEST-SOUTHEAST HOUSE LIMITED PARTNERSHIP	

Principal Place of Business 15 EAST 5TH STREET, SUITE 2700 TULSA OK 74103	Mailing Address 15 EAST 5TH STREET, SUITE 2700 TULSA OK 74103
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number **73-1502023** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURDOCH, ROBERT
C/O JOHSON, ANSELMO, MURDOCH, ET AL
790 EAST BROWARD BLVD., SUITE 400
FT. LAUDERDALE FL 33301**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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 #	F93000001625	STREET ADDRESS	
NAME	INTERVEST PROPERTIES, LTD. CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	15 EAST 5TH STREET, SUITE 2700		
CITY-ST-ZIP	TULSA OK 74103		
DOCUMENT #		STREET ADDRESS	U00000518802
NAME		CITY-ST-ZIP	05/02/06-80016-015 500.00
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____

4-4-06

STAPLE CHECK HERE