


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A16710**  
 1. Entity Name  
 1850 APARTMENT ASSOCIATES, LTD.

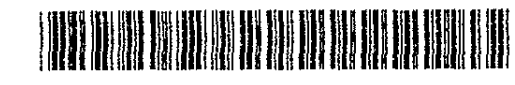


Principal Place of Business: 1850 NE 48TH ST. SUITE 136 POMPANO BEACH, FL 33064  
 Mailing Address: 1850 NE 48TH ST. SUITE 136 POMPANO BEACH, FL 33064

2. Principal Place of Business: Suite, Apt #, etc.  
 3. Mailing Address: Suite, Apt #, etc.

City & State: City & State

Zip: Country



02222005 Chg-LP CR2E003 (10/03)

4. FEI Number: 59-2388681  
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
 HUME & JOHNSON, P.A.  
 1401 UNIVERSITY DR.  
 SUITE 301  
 CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_

9. Capital Contributions as Shown on record: \$1,744,956.33  
 10. Amount of Capital Contributions in FLORIDA to date: \_\_\_\_\_

**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 #	F96000004886	STREET ADDRESS	
NAME	KILBRTIDE INT'L LEASING & INV. CO., INC.	CITY- ST- ZIP	
STREET ADDRESS	P. O. BOX 168		
CITY- ST- ZIP	GREENVILLE, VA 24440		
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
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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 exemption stated in Section 119.07(3)(f), 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 520, Florida Statutes

SIGNATURE:  DATE: \_\_\_\_\_

STAPLE CHECK HERE