


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

**FILED
Apr 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # A94000000067					
1. Entity Name HARBOR APARTMENTS, LTD.					
Principal Place of Business 444 SEABREEZE BLVD. SUITE 600 DAYTONA BEACH, FL 32118			Mailing Address 444 SEABREEZE BLVD. SUITE 600 DAYTONA BEACH, FL 32118		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CONTINENTAL PROPERTY SERVICES, INC. 444 SEABREEZE BLVD. SUITE 600 DAYTONA BEACH, FL 32118				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,405,000.00			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 #	581075		STREET ADDRESS		
NAME	POLYEDER, INC.		CITY-ST-ZIP		
STREET ADDRESS	% 1025 S. BEACH STREET				
CITY-ST-ZIP	DAYTONA BEACH, FL 32114				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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)(i), 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: <i>[Signature]</i> ROY H. GARBEY			Date: 14 Jun 05		Daytime Phone #: 386-238 7400
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>



01192005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3220357 Applied For Not Applicable

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

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