


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

**FILED
Apr 14, 2004 08:00 AM
Secretary of State**


DOCUMENT # A96000001283
1. Entity Name
THE HATTERAS APARTMENTS, LTD.



Principal Place of Business Mailing Address
**11576 PIERSON RD., STE. K-8
WELLINGTON FL 33414** **11576 PIERSON RD., STE. K-8
WELLINGTON FL 33414**

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

City & State City & State
Zip Country Zip Country



MOORE CR2E003 (11/03)

4. FEI Number Applied For
59-1740355 Not Applicable

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

6. Name and Address of Current Registered Agent
**ROSEN, PAUL
11576 PIERSON RD., STE. K-8
WELLINGTON FL 33414**

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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$300,000.00** 10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	NAME	STREET ADDRESS	CITY - ST - ZIP
P96000041487	THE HATTERAS APARTMENTS, INC.	11576 PIERSON RD., STE. K-8	WELLINGTON FL 33414

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY - ST - ZIP

1100000120806
04/20/04-80024-017 525.25

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: *Paul Rosen* **PAUL ROSEN** 4-8-04 561-790-7453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE