

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

|                                                                                     |                                                                                   |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # B02000000008</b><br>1. Entity Name<br>NORTHLAKE PARK APARTMENTS, L.P. |  |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**04 APR 19 PM 2:14**

|                                                                       |                                                           |
|-----------------------------------------------------------------------|-----------------------------------------------------------|
| Principal Place of Business<br>5252 LYNNGATE COURT<br>BURKE, VA 22015 | Mailing Address<br>5252 LYNNGATE COURT<br>BURKE, VA 22015 |
|-----------------------------------------------------------------------|-----------------------------------------------------------|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

04072004    Chg-LP    CR2E003 (10/03)

|                                                                                                                                                                    |                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br>B&C CORPORATE SERVICES OF CENT. FLA., INC.<br>390 NORTH ORANGE AVE., SUITE 1100<br>ORLANDO, FL 32801 | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> Zip Code _____ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>54-2054528</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

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. <b>\$53,480.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | <b>\$ 463.11 - FILING FEE</b> |
|-----------------------------------------------------------------|---------------------------------------------------------|-------------------------------|

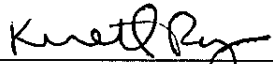
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION |                      | 13. ADDRESS CHANGES ONLY |                                      |
|---------------------------------|----------------------|--------------------------|--------------------------------------|
| DOCUMENT #                      | F02000000183         | STREET ADDRESS           |                                      |
| NAME                            | NORTHLAKE PARK, INC. | CITY-ST- ZIP             |                                      |
| STREET ADDRESS                  | 5252 LYNNGATE COURT  |                          |                                      |
| CITY-ST- ZIP                    | BURKE, VA 22015      |                          |                                      |
| DOCUMENT #                      |                      | STREET ADDRESS           | <b>500035831715</b>                  |
| NAME                            |                      | CITY-ST- ZIP             | <b>05/10/04--01107--033 **463.11</b> |
| STREET ADDRESS                  |                      |                          |                                      |
| CITY-ST- ZIP                    |                      |                          |                                      |
| DOCUMENT #                      |                      | STREET ADDRESS           |                                      |
| NAME                            |                      | CITY-ST- ZIP             |                                      |
| STREET ADDRESS                  |                      |                          |                                      |
| CITY-ST- ZIP                    |                      |                          |                                      |
| DOCUMENT #                      |                      | STREET ADDRESS           |                                      |
| NAME                            |                      | CITY-ST- ZIP             |                                      |
| STREET ADDRESS                  |                      |                          |                                      |
| CITY-ST- ZIP                    |                      |                          |                                      |
| DOCUMENT #                      |                      | STREET ADDRESS           |                                      |
| NAME                            |                      | CITY-ST- ZIP             |                                      |
| STREET ADDRESS                  |                      |                          |                                      |
| CITY-ST- ZIP                    |                      |                          |                                      |

STAPLE CHECK HERE

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

**NorthLake Park Apartments, L.P.**  
 By: NorthLake Park, Inc., its general partner    (703) 425-2600

**SIGNATURE:**     **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** By: **Kenneth A. Ryan**    Date **April 13, 2004** Daytime Phone # \_\_\_\_\_  
 Executive Vice President