2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
2005 MAY -2 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B04000000124

1. Entity Name
AMLI RESIDENTIAL PROPERTIES, L.P.

Principal Place of Business	Mailing Address
125 SOUTH WACKER DRIVE, SUITE 3100 CHICAGO, IL 60606	125 SOUTH WACKER DRIVE, SUITE 3100 CHICAGO, IL 60606

01062005 Chg-LP CR2E003 (10/03)

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

4. FEI Number 36-3918717 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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.	10. Amount of Capital Contributions in FLORIDA to date.	11.
$12,500,000.00	$12,500,000.00	UBR Filing Fee $437.50 UBR Supp. Fee 88.75 $526.25

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 #	D04000000017	STREET ADDRESS	
NAME	AMLI RESIDENTIAL PROPERTIES TRUST	CITY-ST-ZIP	
STREET ADDRESS	125 SOUTH WACKER DRIVE, SUITE 3100		
CITY-ST-ZIP	CHICAGO, IL 60606		
DOCUMENT #		STREET ADDRESS	500055195205 05/24/05--01064--023 **535.00
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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

AMLI Residential Properties, L.P., by AMLI Residential Properties Trust, its General Partner

SIGNATURE: _____ Charlotte A. Sparrow, V.P. 312/984-2644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #