


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

**FILED
Apr 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # A16710 1. Entity Name 1850 APARTMENT ASSOCIATES, LTD.	
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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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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HUME & JOHNSON, P.A. 1401 UNIVERSITY DR. SUITE 301 CORAL SPRINGS, FL 33071	Name Street Address (P.O. Box Number is Not Acceptable) City
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FL	Zip Code
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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 _____ <small>Signatures, types or prints name of registered agent and file it separately.</small>	DATE _____
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9. Capital Contributions as Shown on record \$1,744,956.33	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	F86000004888	STREET ADDRESS	
NAME	KILBRIDE INT'L LEASING & INV. CO., INC.	CITY-ST-ZIP	
STREET ADDRESS	P. O. BOX 188		U00000120477
CITY-ST-ZIP	GREENVILLE, VA 24440		04/20/04-80011-014-526-25

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NAME		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 included 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: 	Date: 5 MAR '04
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STAPLE CHECK HERE