


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A16710
 1. Entity Name
 1850 APARTMENT ASSOCIATES, LTD.



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

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



02222005 Chg-LP CR2E003 (10/03)

4. FEI Number: 59-2388681 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent: HUME & JOHNSON, P.A. 1401 UNIVERSITY DR. SUITE 301 CORAL SPRINGS, FL 33071
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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 _____

9. Capital Contributions as Shown on record: \$1,744,956.33
 10. Amount of Capital Contributions in FLORIDA to date.

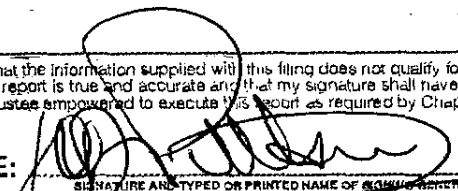
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F96000004886	STREET ADDRESS	
NAME	KILBRTIDE INT'L LEASING & INV. CO., INC.	CITY- ST- ZIP	
STREET ADDRESS	P. O. BOX 168		
CITY- ST- ZIP	GREENVILLE, VA 24440		
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
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CITY- ST- ZIP			

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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)(f), 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 520, Florida Statutes.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF GENERAL PARTNER Date Date of Filing