


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

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # A00000000458</b>                     |  |
| 1. Entity Name<br>COLLEGE STATION APARTMENTS, LTD. |   |

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|--|--|
| Principal Place of Business<br>C/O DARYL CRAMER & ASSOCIATES, P.A.<br>3801 PGA BLVD SUITE 508<br>PALM BEACH GARDENS, FL 33410-2758 | Mailing Address<br>C/O DARYL CRAMER & ASSOCIATES, P.A.<br>3801 PGA BLVD SUITE 508<br>PALM BEACH GARDENS, FL 33410-2758 |
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|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt #, etc.             |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



03022004 Chg-LP CR2E003 (10/03)

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|-----------------------------|--|
| 4. FEI Number<br>59-3636012 | Applied For<br><input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><br>DARYL CRAMER & ASSOCIATES, P.A.<br>3801 PGA BLVD STE. 508<br>PALM BEACH GARDENS, FL 33410-2758 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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

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| 9. Capital Contributions as Shown on record \$1,000,000.00 | 10. Amount of Capital Contributions in FLORIDA to date \$1,000,000.00 |
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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 #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P00000025678<br>COLLEGE STATION APARTMENTS, INC.<br>3801 PGA BOULEVARD STE. 508<br>PALM BEACH GARDENS, FL 334102758 | STREET ADDRESS<br>CITY - ST - ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS<br>CITY - ST - ZIP | 0000000159743<br>05/10/04-80043-020 535.00 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS<br>CITY - ST - ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS<br>CITY - ST - ZIP |  |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS<br>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

|  |                        |
|--|------------------------|
| SIGNATURE: By: <u>College Station Apartments, Inc.</u>         | DATE: <u>MAY 03/04</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER |                        |