2003 LIMITED PARTNERSHIP

UN	IFOR	M BUSINE	ES	S REPOR	T (I	JBR))			
DOCUMENT # A0000000458 1. Entity Name COLLEGE STATION APARTMENTS, LTD.								03 MAY -2 PM 2: 28		
Principal Place of Business C/O DARYL CRAMER & ASSOCIATES, P.A. 3801 PGA BLVD SUITE 508 PALM BEACH GARDENS FL 33410-2758				Mailing Address C/O DARYL CRAMER & ASSOCIATES 3801 PGA BLVD SUITE 508 PALM BEACH GARDENS FL 33410-27				TÄLLÄRÄSSEERRÄSS		
2. Principal Place of Business 3. Mai				Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.			-	DUE BY MAY 1, 2003		
City & State				City & State			4. FEI Number 59-3636012 Applied For Not Applicable			
Zip Country				Zip Coun		ntry		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			
DARYL CRAMER & ASSOCIATES, P.A. 515 NORTH FLAGLER DRIVE, SUITE 910 WEST PALM BEACH FL 33401-4325						Name Daryl Cramer & Associates, P.A. Street Addren in Poper Name of Pope				
						Suite 508 City Palm Beach Gardens FL Zip Code 33410				
8. The above	named entity	y submits this statement fo	or the p	urpose of changing its	registere	ed office or	registere	ed agent, or both, in the State of Florida. I ar		
SIGNATURE		or printed name of registered agent		4 N N N N N N N		Dary	1 B.	Cramer loss y/a	2/23	
9. Capital Co	ontributions	\$234,000.00	and title i	10. Amount of Capita		butions \$	1,000	11. MAKE CHECK PAYABL	LE TO FL. DEPT. OF STATE FOR FEE INFORMATION	
								ERED AND ACTIVE WITH THIS OFFICE to must be filed to change a general p	CE.	
12.		GENERAL PARTNEI	R INFO	RMATION	13.			ADDRESS CHANGES C	NLY	
DOCUMENT # NAME	P00000025678 COLLEGE STATION APARTMENTS, INC. 515 NORTH FLAGLER DRIVE, SUITE 910 WEST PALM BEACH FL 33401-4325				STRE	REET ADDRESS 3801 PGA Boulevard, Suite 508		508		
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP	Pa1	m Beach Gardens, FL 334	10-2758	
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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:

CITY-ST-ZIP

UIRED Fabrizio Lucchese

905-882-1212

Daytime Phone #