2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 APR -1 AM 8:56

DOCUMENT # A00000000499

1. Entity Name
ARBOURS APARTMENTS, LTD.

Principal Place of Business	Mailing Address
3521 N. 53RD AVE. HOLLYWOOD, FL 33021	3521 N. 53RD AVE. HOLLYWOOD, FL 33021

03152005 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 65-1229682 ☐ 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
LOWITZ, STEPHEN 3521 N. 53RD AVE. HOLLYWOOD, FL 33021	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.
$0.00	

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 #	F99000006291	STREET ADDRESS	
NAME	CAHABA VALLEY DEVELOPMENT CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	1037 22ND STREET, SOUTH SUITE 101		
CITY-ST-ZIP	BIRMINGHAM, AL 35205		
DOCUMENT #	P99000077578	STREET ADDRESS	
NAME	ARBOUR ONE, INC.	CITY-ST-ZIP	
STREET ADDRESS	3521 N. 53RD AVE.		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	100050665911
NAME		CITY-ST-ZIP	04/13/05--01058--005 **150.00
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NAME		CITY-ST-ZIP	
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

SIGNATURE: Stephen G. Lowitz, President, 3/15/05 954 963-4552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #
ARBOUR ONE, INC