


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A01000001564</b> 1. Entity Name <b>LION'S HEAD APARTMENTS, LTD.</b>	
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Principal Place of Business <b>4721 UNIVERSITY DRIVE CORAL GABLES FL 33146</b>	Mailing Address <b>C/O R &amp; S MGMT. CO. 5821 REDDMAN ROAD CHARLOTTE NC 28212</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -7 AM 9:16



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>65-1155570</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>SORKIN, LAWRENCE 4721 UNIVERSITY DRIVE CORAL GABLES FL 33146</b>	
7. Name and Address of New Registered Agent 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.	11. FILE NOW!!! Due by May 1, 2005 See Block 11 instructions for fee info
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable	DATE _____
9. Capital Contributions as Shown on record. <b>\$2,475,025.00</b>	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 #	P01000112587	STREET ADDRESS	
NAME	LION'S HEAD INVESTMENT GROUP, INC.	CITY-ST-ZIP	
STREET ADDRESS	4721 UNIVERSITY DRIVE		
CITY-ST-ZIP	CORAL GABLES FL 33146		
DOCUMENT #		STREET ADDRESS	600048186176
NAME		CITY-ST-ZIP	03/11/05--01005--003 **526.25
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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:**  **3/1/2005** **704-532-0750**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #