

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # A01826</b><br>1. Entity Name<br>PENSACOLA HERITAGE APARTMENTS, LTD.  |   |   |  |  |  |
| Principal Place of Business<br>6076 FOREST GREEN RD.<br>PENSACOLA, FL 32505  |   | Mailing Address<br>6076 FOREST GREEN RD.<br>PENSACOLA, FL 32505 |  |  |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |  |  |
| City & State   |   | City & State  |  |  |  |
| Zip  | Country   | Zip   | Country  | 02102005    Chg-LP    CR2E003 (10/03)                  |  |
| 4. FEI Number<br>59-1318583  |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |  | \$8.75 Additional Fee Required                         |  |
| 6. Name and Address of Current Registered Agent<br><br>NELSON, GILBERT<br>6076 FOREST GREEN ROAD<br>PENSACOLA, FL 32505  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div> |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |   |   |  |  |  |
| 9. Capital Contributions as Shown on record. \$0.00  |   | 10. Amount of Capital Contributions in FLORIDA to date.         |  | <del>\$52.50</del> \$141.25                            |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |   |   |  |  |  |
| <b>12. GENERAL PARTNER INFORMATION</b>   |   |   | <b>13. ADDRESS CHANGES ONLY</b>  |  |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | NELSON, GILBERT<br>6076 FOREST GREEN RD.<br>PENSACOLA, FL 32505 |   | STREET ADDRESS<br>CITY-ST-ZIP  | 1000000267688<br>03/18/05-80012-020 141.25             |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   | STREET ADDRESS<br>CITY-ST-ZIP  |  |  |
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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)(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 620, Florida Statutes. |   |   |  |  |  |
| SIGNATURE:   |   |   | Gilbert Nelson 2/16/05   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>  |   |   | <small>Date                      Daytime Phone #</small>   |  |  |

STAPLE CHECK HERE