

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A01901 1. Entity Name EDGEWOOD HOUSING, LTD.					
Principal Place of Business 1002 W. 23RD ST., SUITE 400 PANAMA CITY, FL 32405			Mailing Address 1002 W. 23RD ST., SUITE 400 PANAMA CITY, FL 32405		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HENRY, ROBERT F. 1002 W. 23RD ST. SUITE 400 PANAMA CITY, FL 32405				Name Lauretta J. Pippin Street Address (P.O. Box Number is Not Acceptable) 1002 W. 23rd St., Ste. 400 City Panama City FL Zip Code 32405	
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 Lauretta J. Pippin <small>Signature, typed or printed name of registered agent and title, if applicable.</small>				DATE 4/22/04	
9. Capital Contributions as Shown on record. \$100.00			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 #	NAME		STREET ADDRESS		
NAME	CHAPMAN, JOSEPH F., III		CITY-ST-ZIP		
STREET ADDRESS	1002 W. 23RD ST. #400				
CITY-ST-ZIP	PANAMA CITY, FL				
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CITY-ST-ZIP					
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:			Joseph F. Chapman, III <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		Date 4/22/04 <small>Date</small>
			(850) 769-8981 <small>Daytime Phone #</small>		

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