2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 12 AM 9:36

DOCUMENT # A03000001323

1. Entity Name
SPRINGTREE MEADOWS APARTMENTS, LLLP

Principal Place of Business	Mailing Address
5115 N.W. 17TH TERRACE, 39-A FT. LAUDERDALE, FL 33309	5115 N.W. 17TH TERRACE, 39-A FT. LAUDERDALE, FL 33309

07212005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
4001 N. UNIVERSITY DR.		11497 COLUMBIA PK DRIVE W.	
Suite, Apt. #, etc.: A-108		Suite, Apt. #, etc.: STE. #7	
City & State: SUNRISE FL		City & State: JACKSONVILLE FL	
Zip: 33351	Country: USA	Zip: 32258	Country: USA

4. FEI Number 41-2184596 APPLIED FOR ☐ 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
PAPAGEORGE, SPYROS 5115 N.W. 17TH TERRACE, 39-A FT. LAUDERDALE, FL 33309	Name: PAPAGEORGE, SPYROS Street Address (P.O. Box Number is Not Acceptable): 11497 COLUMBIA PK DRIVE W. STE #7 City: JACKSONVILLE FL Zip Code 32258

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

09/29/05--01070--002 **541.25

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions as Shown on record	$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	-0-

000060083400
09/29/05--01070--002 **541.25

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 #	P03000099653	STREET ADDRESS	11497 COLUMBIA PK DRIVE W., STE #7
NAME	SPRINGTREE MEADOWS APARTMENTS GP, INC.		
STREET ADDRESS	5115 N.W. 17TH TERRACE, 39-A	CITY-ST-ZIP	JACKSONVILLE, FL 32258
CITY ST ZIP	FT. LAUDERDALE, FL 33309		
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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: SPYROS PAPAGEORGE 9-6-05 954-741-6440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

STAPLE CHECK HERE