

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 MAY -6 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001382

1. Entity Name
PEARLAND APARTMENTS, LTD.



Principal Place of Business
300 INTERNATIONAL PARKWAY, SUITE 130
HEATHROW, FL 32746

Mailing Address
300 INTERNATIONAL PARKWAY, SUITE 130
HEATHROW, FL 32746



01052005 Chg-LP CR2E003 (10/03)

4. FEI Number
20-1543630

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

CHRISTY, KATHERINE A
300 INTERNATIONAL PARKWAY, SUITE 130
HEATHROW, FL 32746

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. \$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 # L04000062930
NAME FCLC PEARLAND, LLC
STREET ADDRESS 300 INTERNATIONAL PARKWAY, SUITE 130
CITY-ST-ZIP HEATHROW, FL 32746

STREET ADDRESS
CITY-ST-ZIP 06/03/05--01060--006 **141.25

DOCUMENT #
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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE