

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 12 AM 9: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001807	
1. Entity Name LENOX PLACE REALTY APARTMENTS, LTD	



Principal Place of Business 21301 POWERLINE ROAD, SUITE 312 BOCA RATON, FL 33433	Mailing Address 21301 POWERLINE ROAD, SUITE 312 BOCA RATON, FL 33433
--	--

2. Principal Place of Business		3. Mailing Address P.O. Box 11229	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Knoxville, TN	
Zip	Country	Zip	Country
		37939	USA



01042005 Chg-LP CR2E003 (10/03)

4. FEI Number 20-2066102	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BLALOCK, WALTERS, HELD & JOHNSON, P.A. 802 - 11TH STREET WEST BRADENTON, FL 34205-7734		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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$7,500.00

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 #	P04000157021	STREET ADDRESS	
NAME	LENOX PLACE REALTY, INC.	CITY-ST-ZIP	
STREET ADDRESS	21301 POWERLINE ROAD, SUITE 312		
CITY-ST-ZIP	BOCA RATON, FL 33433		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

800054202888
05/10/05--01037--002 **141.25

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Ravindra Rao, Secretary
Lenox Place Realty, Inc., General

3/7/05

Date

Daytime Phone #

STAPLE CHECK HERE