



# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

<b>DOCUMENT # A09897</b> 1. Entity Name <b>STARKE APARTMENTS, LTD.</b>						<b>FILED</b>  <b>2005 MAY -2 PM 1:35</b>  <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>4315 PABLO OAKS COURT, SUITE 1</b> <b>JACKSONVILLE, FL 32224-9667</b>				Mailing Address <b>4315 PABLO OAKS COURT, SUITE 1</b> <b>JACKSONVILLE, FL 32224-9667</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
Country		Country		04202005    Chg-LP    CR2E003 (10/03)			
4. FEI Number <b>59-2233553</b>				Applied For <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				7. Name and Address of New Registered Agent			
<b>WALLACE, L. DENISE</b> <b>4315 PABLO OAKS COURT, SUITE 1</b> <b>JACKSONVILLE, FL 32224-9667</b>				Name <b>JENNIFER L. HARDIN</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>4315 PABLO OAKS COURT, SUITE 1</b>			
				City <b>JACKSONVILLE</b> <b>FL</b> <b>32224</b>			
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 <u><i>J. Hardin</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>						4/20/05 <small>DATE</small>	
9. Capital Contributions as Shown on record. <b>\$69,825.00</b>				10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP <b>STOKES, E CHESTER JR</b> <b>4315 PABLO OAKS CT., SUITE 1</b> <b>JACKSONVILLE, FL 322249667</b>				STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP <b>TERWILLEGAR, CECILIA</b> <b>4315 PABLO OAKS CT., SUITE 1</b> <b>JACKSONVILLE, FL 322249667</b>				STREET ADDRESS <b>400055332254</b> CITY-ST-ZIP <b>05/25/05--01052--018 **526.25</b>			
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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)(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: <u><i>E. Stokes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>						4/20/05    904-482-1100 <small>Date    Daytime Phone #</small>	
<b>E. Chester Stokes, Jr.</b>							

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