2005 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2005** 

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A09927 05 MAY 11 AM 11: 00 COUNTRY SQUARE APARTMENTS, LTD. Principal Place of Business Mailing Address **GROVE AT LAKELAND SQUARE GROVE AT LAKELAND SQUARE** 3570 US HWY 98 N 3570 US HWY 98 N LAKELAND, FL 33809 LAKELAND, FL 33809 2. Principal Place of Business 3. Mailing Address 109 West Commercial St 109 West Commercial St Suite, Apt. #, etc. Suite, Apt. #, etc. 01212005 CR2E003 (10/03) Chg-LP City & State City & State 4. FEI Number Applied For Sanford, Florida 59-2075305 Not Applicable <u>Sanford, Florida</u> Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired П 32771 32771 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARCAP REALTY SERVICES GROUP, INC. <u>Barcap Realty Services Group, Inc.</u> **GROVE AT LAKELAND SQUARE** Street Address (P.O. Box Number is Not Acceptable) 3570 US HWY 98 N LAKELAND, FL 33809 109 West Commercial Street City Sanford Zip Code 3277 J 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 10. Amount of Capital Contributions \$900.00 as Shown on record. 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 ADDRESS CHANGES ONLY 13. P97000087983 DOCUMENT # STREET ADDRESS BARON CAPITAL LXXXI, INC. NAME 109 West Commercial Street STREET ADDRESS 3570 US HWY 98 N. CITY-ST-7IP LAKELAND, FL 33809 CITY-ST-ZIP <u>Sanford. Florida 32771</u> DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 300055914713 06/08/05--01067--014 \*\*141,25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET AFDRESS CITY-ST-ZIP CITY-ST-7IP 14. Intereby 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:

AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2005

407-688-7876

Date