


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 APR 29 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A10021</b> 1. Entity Name LONGWOOD APARTMENTS, LTD.		
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Principal Place of Business GROVE AT LAKELAND SQUARE 3570 US HWY 98 N LAKELAND, FL 33809	Mailing Address GROVE AT LAKELAND SQUARE 3570 US HWY 98 N LAKELAND, FL 33809
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04272004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent BARCAP REALTY SERVICES GROUP, INC. GROVE AT LAKELAND SQUARE 3570 US HWY 98 N LAKELAND, FL 33809		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. <b>\$600,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	P97000037667	STREET ADDRESS	3570 US Hwy 98 N.
NAME	BARON CAPITAL LV, INC.	CITY-ST-ZIP	Lakeland, FL 33809
STREET ADDRESS	7826 COOPER ROAD		
CITY-ST-ZIP	CINCINNATI, OH 45242		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 05/11/04--01054--019 \*\*526.25

*Handwritten signature*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** *J. Stephen Miller* **4-28-04** **(863)853-2882**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE