


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A11320 1. Entity Name LAFAYETTE APARTMENTS, LTD.	
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FILED

04 APR 30 AM 8:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 100 N. TAMPA STREET, SUITE 3000 TAMPA, FL 33601-5835	Mailing Address 1002 W. 23RD STREET, SUITE 400 PANAMA CITY, FL 32405
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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

01092004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2243452		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MYERS, JULIE S 311 E. PARK AVE. TALLAHASSEE, FL 32312		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$76,000.00	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 #	NAME	STREET ADDRESS	
NAME	MYERS, JULIE S	CITY - ST - ZIP	
STREET ADDRESS	311 E. PARK AVE.		
CITY - ST - ZIP	TALLAHASSEE, FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SMITH, L. GARRY JR.	CITY - ST - ZIP	
STREET ADDRESS	100 N. TAMPA ST., SUITE 3000		
CITY - ST - ZIP	TAMPA, FL		
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STREET ADDRESS			
CITY - ST - ZIP			
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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: *Julie S. Myers* **Julie S. Myers** **4/28/04** **850/769-8981**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE