


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

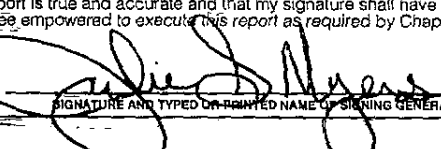
**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A11320</b> 1. Entity Name LAFAYETTE APARTMENTS, LTD.					
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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2243452	
5. Certificate of Status Desired <input 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	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable</small>					
9. Capital Contributions as Shown on record. \$76,000.00			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>					
<b>12. GENERAL PARTNER INFORMATION</b>				<b>13. ADDRESS CHANGES ONLY</b>	
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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CITY - ST - ZIP					

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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)(n), 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:** 

Date: 4/27/05  
 Daytime Phone #: 850-769-8981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

DAYTIME PHONE #