2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1, 2004**

SIGNATURE:

FILED Mar 25, 2004 08:00 AM Secretary of State DOCUMENT # A11528 1. Entity Name VENTURA APARTMENTS, LTD. Mailing Address Principal Place of Business 3111 PACES MILL ROAD 3111 PACES MILL ROAD SUITE A250 SUITE A250 ATLANTA GA 30339 ATLANTA GA 30339 2. Principal Place of Business 3. Mailing Address Suste, Apt. # etc. Suite, Apt. #, etc. CR2E003 (11/03) 4. FEI Number City & State City & State Applied For 59-1462635 Not Applicable Country Zio Country Ziα \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 City 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 Signature, typed or printed name of registeron agent and title if applicable DATE 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$2,791,254.00 as Shown on record. in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. F97000005711 DOCUMENT # STREET ADDRESS NAME HALLMARK GROUP REAL ESTATE SERVICES CORP. STREET ADDRESS 3111 PACES MILL ROAD, SUITE A-250 CITY-ST-712 U000001102612 ATLANTA GA 30339 CHY-SI-78 04/05/04 00023 00**3** 535**.00** DOCUMENT # STREET ADDRESS 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 ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CRY-ST-ZIP 14. Thereby 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

Daytime Phone #