


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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<b>DOCUMENT # A12653</b>					
1. Entity Name <b>MAINE AVENUE APARTMENTS, LTD.</b>					
Principal Place of Business <b>4400 BAYOU BLVD., STE. 52-B PENSACOLA, FL 32503</b>			Mailing Address <b>P.O. BOX 9469 PENSACOLA, FL 32513</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2364108</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>NAPIER, JOSEPH 4400 BAYOU BLVD., STE. 52-B PENSACOLA, FL 32503</b>			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 _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$35,000.00</b>		10. Amount of Capital Contributions 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	398793		STREET ADDRESS		
NAME	NAPIER, INC OF PENSACOLA		CITY-ST-ZIP		
STREET ADDRESS	4400 BAYOU BLVD., STE. 52-B				
CITY-ST-ZIP	PENSACOLA, FL 32503				
DOCUMENT #			STREET ADDRESS		
NAME	NAPIER, JOSEPH		CITY-ST-ZIP		
STREET ADDRESS	4400 BAYOU BLVD., STE. 52-B				
CITY-ST-ZIP	PENSACOLA, FL 32503				
DOCUMENT #			STREET ADDRESS	800050134978	
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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: <i>Joseph Napier</i>			03/14/05 850-857-1881		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone		

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