

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 FEB 22 AM 9:01

**DOCUMENT # A12716**

1. Entity Name  
 WILLOW BEND APARTMENTS, LTD.



Principal Place of Business  
 % LANDMARK  
 P. O. BOX 99564  
 LOUISVILLE, KY 40269-0564

Mailing Address  
 % LANDMARK  
 P. O. BOX 99564  
 LOUISVILLE, KY 40269-0564

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005 Chg-LP CR2E003 (10/03)

4. FEI Number  
 NOT APPLICABLE

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMMONS, ANNETTE  
 37 BROOK CIRCLE  
 LEESBURG, FL 34748

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
 as Shown on record. **\$331,500.00**

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 #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 HARDING, NEAL F.  
 2509 PLANTSIDE DR.  
 LOUISVILLE, KY 40299

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
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 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:

*Neal Harding*  
 NEAL HARDING

1/27/05

502-449-9991

Daytime Phone #

STAPLE CHECK HERE