

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A12901

1. Entity Name
MANDARIN TRACE APARTMENTS, LTD.



Principal Place of Business
1201 THIRD AVENUE, SUITE 5400
SEATTLE, WA 98101-3031

Mailing Address
1201 THIRD AVENUE, SUITE 5400
SEATTLE, WA 98101-3031

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01202004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent
NATIONAL REGISTERED AGENTS, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301

4. FEI Number
61-1018355

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

6. 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. **\$1,305,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,305,000.00**

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 #	G03078900002	STREET ADDRESS	
NAME	SECURITY PROPERTIES-81A	CITY-ST-ZIP	
STREET ADDRESS	1201 THIRD AVENUE, SUITE 5400		
CITY-ST-ZIP	SEATTLE, WA 981013031		
DOCUMENT #	P39019	STREET ADDRESS	
NAME	J. JEROD & ASSOC., INC.	CITY-ST-ZIP	
STREET ADDRESS	1113 POPLAR STREET		
CITY-ST-ZIP	BENTON, KY		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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 04/05/04-80001-005-526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: _____ **3/15/04** **206-622-9900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE