



**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A13605</b>			
1. Entity Name <b>CHATEAU DE VILLE APARTMENTS, LTD.</b>			
Principal Place of Business <b>2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308</b>		Mailing Address <b>2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>MOTTICE, H. JAY 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 title if applicable</small>			
9. Capital Contributions as Shown on record <b>\$0.00</b>		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>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>L14926 CHATEAU TALLAHASSEE, INC. 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>U00000133296 04/27/04-80081-005 141.25</b>
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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)(c), 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:  <b>President, Chateau Tallahassee, Inc.</b>		<b>4/12/04 850-386-2117</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	

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