



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
05 MAY 19 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A13605					
1. Entity Name CHATEAU DE VILLE APARTMENTS, LTD.					
Principal Place of Business 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308			Mailing Address 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308		
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 59-2258095	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOTTICE, H. JAY 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record: \$0.00			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 #	L14926	STREET ADDRESS	200055657162 06/02/05-01030-019 ***141.25		
NAME	CHATEAU TALLAHASSEE, INC.	CITY-ST-ZIP			
STREET ADDRESS	2019 CENTRE POINTE BLVD., STE. 101	STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	CITY-ST-ZIP		
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CITY-ST-ZIP		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:  John P. Mottice, President			4/22/05		850-386-2117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE