

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
05 MAY 19 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

U00000368071 05/24/05 80003 007
\$141.25



DOCUMENT # A13607		
1. Entity Name BERKSHIRE MANOR 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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt., etc.		Suite, Apt., etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2258094	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOTTICE, H. JAY 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308		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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$27,142.00	10. Amount of Capital Contributions in FLORIDA to date. 0
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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 #	L14932	STREET ADDRESS	
NAME	BERKSHIRE MANOR, INC.	CITY-ST-ZIP	
STREET ADDRESS	2019 CENTRE POINTE BLVD., STE. 101		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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 #