

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005.

FILED

2005 MAY -3 PM 2: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A14022	
1. Entity Name ST. CHARLES ASSOCIATES, LTD.	



Principal Place of Business 1001 U.S. HIGHWAY 1 JUPITER, FL 33458	Mailing Address 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228
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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



01102005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2193189	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
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. \$1,040,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	F99000000725	STREET ADDRESS	
NAME	CHARLESTOWN COMMUNITY, INC.	CITY - ST - ZIP	
STREET ADDRESS	715 MAIDEN CHOICE LANE		
CITY - ST - ZIP	BALTIMORE, MD 21228		
DOCUMENT #	M99000000178	STREET ADDRESS	
NAME	CHARLESTOWN COMMUNITY REAL ESTATE, LLC	CITY - ST - ZIP	
STREET ADDRESS	715 MAIDEN CHOICE LANE		
CITY - ST - ZIP	BALTIMORE, MD 21228		
DOCUMENT #		STREET ADDRESS	
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CITY - ST - ZIP			

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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)(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 _____	4/22/05 410-737-8914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #

STAPLE CHECK HERE