


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A14838</b> 1. Entity Name <b>CRESCENT LAKES APARTMENTS LTD.</b>					
Principal Place of Business <b>1365-R S.R. 206 EAST ST. AUGUSTINE FL 32086</b>			Mailing Address <b>1365-R S.R. 206 EAST ST. AUGUSTINE FL 32086</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2405143</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HARRIS, J. ROGER 1365-R S.R. 206 EAST ST. AUGUSTINE FL 32086</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u><i>J. Roger Harris</i></u> DATE: <u>2-5-05</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$95.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>11. FILE NOW!!! Due by May 1, 2005.</b> <b>See Block 11 instructions for fee info.</b>					
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>				<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	NAME			STREET ADDRESS	
NAME	HARRIS, J. ROGER			CITY - ST - ZIP	
STREET ADDRESS	1365-R S.R. 206 EAST			CITY - ST - ZIP	
CITY - ST - ZIP	ST. AUGUSTINE FL 32086			STREET ADDRESS	
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CITY - ST - ZIP				STREET ADDRESS	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>J. Roger Harris</i></u>				J. Roger Harris 2-5-05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>	



1ST MOORE CR2E003 (10/04)

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