


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR -2 AM 10:59

DOCUMENT # A15267
1. Entity Name
NICEWOOD GARDEN APARTMENTS, LTD.



Principal Place of Business: 4600 RANGE ROAD, NICEVILLE FL 32578
Mailing Address: 500 KELLY MILL ROAD, VALPARAISO FL 32580

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
Zip: _____ Country: _____

4. FEI Number: 59-6824937 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent
WRIGHT, JOSEPH L
500 KELLY MILL ROAD
VALPARAISO FL 32580

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: _____
9. Capital Contributions as Shown on record: \$26,340.00
10. Amount of Capital Contributions in FLORIDA to date: _____

11. FILE NOW!!! Due by May 1, 2005
See Block 11, instructions for fee info.

**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	
DOCUMENT #	WRIGHT, JOSEPH
NAME	1420 BAYSHORE DR.
STREET ADDRESS	NICEVILLE FL 32578
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500048122565
CITY-ST-ZIP	03/10/05--01009--018 **273.13
STREET ADDRESS	500048122565
CITY-ST-ZIP	03/10/05--01009--018 **8.75
STREET ADDRESS	
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: _____ DATE: 1/20/05 DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER