


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Feb 18, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # A15358							
1. Entity Name EDGEWATER PARK APARTMENTS, LTD.							
Principal Place of Business P.O. BOX 13526 MACON GA 31208-3526		Mailing Address P.O. BOX 13526 MACON GA 31208-3526					
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 59-2417292			
				Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
STUCKEY, OSCAR 118 MOCKINGBIRD LANE EDGEWATER FL 32032			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 _____ <small>Signature, typed or printed name of registered agent and firm, if applicable.</small>							
9. Capital Contributions as Shown on record. \$250,000.00		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<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>							
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY				
DOCUMENT #	NAME		STREET ADDRESS				
	STUCKEY, TALMADGE						
	171 RIVOLI RIDGE DR.		CITY - ST - ZIP				
	MACON GA		1100000069824 02/28/04-20011-004 535.00				
DOCUMENT #	NAME		STREET ADDRESS				
	STUCKEY, REVA						
	171 RIVOLI RIDGE DR.		CITY - ST - ZIP				
	MACON GA						
DOCUMENT #	NAME		STREET ADDRESS				
			CITY - ST - ZIP				
DOCUMENT #	NAME		STREET ADDRESS				
			CITY - ST - ZIP				
DOCUMENT #	NAME		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: *[Signature]* 2-11-04 (418) 742-7956  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #