

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -9 AM 10: 09

DOCUMENT # A15358	
1. Entity Name	
EDGEWATER PARK APARTMENTS, LTD.	



Principal Place of Business	Mailing Address
P.O. BOX 13526 MACON GA 31208-3526	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	4. FEI Number	Applied For
Zip	Country	59-2417292	Not Applicable
Zip	Country	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: DON COMER Street Address (P.O. Box Number is Not Acceptable): 1801 JOBYNA AVE City: ORANGE PARK FL Zip Code: 32073	

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: Don K Comer DON K COMER DATE: 02/24/05

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

9. Capital Contributions as Shown on record.	\$250,000.00	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 #	NAME	STREET ADDRESS	
	STUCKEY, TALMADGE	CITY-ST-ZIP	
	171 RIVOLI RIDGE DR.		
	MACON GA		
DOCUMENT #	NAME	STREET ADDRESS	
	STUCKEY, REVA	CITY-ST-ZIP	
	171 RIVOLI RIDGE DR.		
	MACON GA		
DOCUMENT #	NAME	STREET ADDRESS	
		CITY-ST-ZIP	

100048498231  
03/16/05 01007 002 \*\*535.00

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: Thurmond Stuckey 2-24-05 478-742-7956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE