2005 LIMITED PARTNERSHIP ANNUAL REPORT

## FILED Due By May 1, 2005 Mar 18, 2005 08:00 AM DOCUMENT # A17678 **Secretary of State** 1. Entity Name APEX PROPERTIES, LTD. Principal Place of Business Mailing Address 10605 ILEX STREET 10605 ILEX STREET TAMPA, FL 33618 TAMPA, FL 33618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042005 CR2E003 (10/03) Chg-LP City & State City & State 4. FEI Number Applied For 59-2436946 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EVANS, THOMAS P Street Address (P.O. Box Number is Not Acceptable) 10605 ILEX STREET TAMPA, FL 33618 City 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 Signature, typed or proted name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$900,000.00 in FLORIDA to date. as Shown on record. 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 F86970 DOCUMENT# STREET ADDRESS EVANS FARMS, INC NAME 10605 ILEX STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33618 DOCUMENT # STREET ADDRESS 000000267472 STREET ADDRESS CITY-ST-ZIP 03/18/05-80001-013 526.25 COY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST- 7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

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 eath; 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

CITY-ST-ZIP

STAPLE CHECK HERE

STREET ADDRESS

CITY-ST-ZIP

WS FATTING TISC & MOONS PRINTED NAME OF SIGNING GENERAL PARTNER SIGNATURE: EVANS Farms In