2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED May 11, 2005 08:00 AM Secretary of State

1. Entity Name	ENT # A21228 NE APARTMENTS, LTI).			Se	ecretary of State
Principal Place of Business 1002 W. 23RD ST., SUITE 400 PANAMA CITY, FL 32405		Mailing Address 1002 W. 23RD ST., SUITE 400 PANAMA CITY, FL 32405				
2. Principal Place	e of Rusinans	3. Mailing Addres	· · · · · · · · · · · · · · · · · · ·			
,		Suite, Apt. #, etc.			S INDUSTRIA (INTO TRADO CIBALI PRODUCTIVA (INTO CIBALI PRODUCTIVA (INTO CIBALI BIOLI BIRISA) BIRISADII BE LBOT 	
Suite, Apt. #, etc.					04132005 Chg-LP	CR2E003 (10/03)
City & State		City & State			4. FEI Number 59-2636381	Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired	S8.75 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent		Name	7. Name and Address of New	Registered Agent
PIPPIN, LAURETTA J 1002 W. 23RD ST. SUITE 400 PANAMA CITY, FL 32405					(P.O. Box Number is Not Acceptab	le)
}	.,,.			City		FL Zip Code
8. The above na	med entily submits this statemer s of registered agent	ni for the purpose of char	nging its register	ed office or registe	red agent, or both, in the State of F	Torida. I am familiar with, and accept
0.00.14.71.175						
Sign	nature, typed or printed name of registered a	: T				DATE
9. Capital Contri as Shown on	record. \$1,225,600.00	in FLORI	of Capital Contri IDA to date.			
}	A GENERAL PARTNE NOTE: General Partners	R THAT IS A BUSINE MAY NOT be change	ESS ENTITY Need on the form	lUST BE REGIS n; an amendmei	TERED AND ACTIVE WITH T nt must be filed to change a g	HIS OFFICE. general partner.
12.	······································				ADDRESS CH	ANGES ONLY
NAME R	98978 OYAL AMERICAN DEV., IN 002 W. 23RD ST., #400 ANAMA CITY, FL	c		FET ADDRESS		
DOCUMENT# 65	95060		STR	EET ADDRESS		900365441 95-80002-003 535.00
STREET ADDRESS 10	TC HOLDINGS, INC. 002 W. 23RD ST., #400 ANAMA CITY, FL			r St-ZIP		
DOCUMENT #		,	STA	EET ADDRESS		
STREET ADDRESS			Gir	r-sr-zip		
DOCUMENT#			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			ст	Y-ST-ZIP		
DOCUMENT #			STF	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				Y-ST-21P		
DOCUMENT # NAME		· · —	SIR	EET ADDRESS		
STREET ADDRESS CITY ST-ZIP			CIT	Y-ST-ZIP		
14. I hereby cert indicated on the receiver	tify that the information supplied this report is true and accurate, or trustee employed to execution	with this filing does not q and that my signature sh a this report as lequired t	all have the san by Chapter 620,	emption stated in So to logal effect as if i Florida Statutes J. Pippin, Secreta	made under oath; that I am a Gene	 I further certify that the information rral Partner of the limited partnership of (850) 769-8981

Date

Daytime Phone #