

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A24697

1. Entity Name
EDGEWOOD APARTMENTS, LTD.



Principal Place of Business
**41 W I-65 SERVICE ROAD, N.
 3RD FLOOR - COLONIAL BANK CENTRE
 MOBILE, AL 36608**

Mailing Address
**P.O. BOX 160306
 MOBILE, AL 36616**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212004

Chg-LP

CR2E003 (10/03)

4. FEI Number

63-0954957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CAMPUS, JOSEPH J III
 3298 SUMMIT BLVD #18
 PENSACOLA, FL 32503-4350**

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

Joseph J. Campus
 Signature, typed or printed name of registered agent and title, if applicable

4-29-04

DATE

9. Capital Contributions
 as Shown on record

\$860,100.00

10. Amount of Capital Contributions
 in FLORIDA to date

\$860,100.00

**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 # **GP9800001084**
 NAME **MITCHELL EQUITIES**
 STREET ADDRESS **3298 SUMMIT BLVD #18**
 CITY-ST-ZIP **PENSACOLA, FL 325034350**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

U00000158630

05/07/04-80029-016 526.25

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-29-07

STAPLE CHECK HERE