


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # A25091					
1. Entity Name BRIARWOOD APARTMENTS OF VERO BEACH, LTD.					
Principal Place of Business 7865 SOUTHSIDE BLVD JACKSONVILLE, FL 32256			Mailing Address 7865 SOUTHSIDE BLVD JACKSONVILLE, FL 32256		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042005 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent			4. FEI Number		
SELIGMAN, KAREN J 7865 SOUTHSIDE BLVD JACKSONVILLE, FL 32216			59-2834977		
			Applied For Not Applicable		
6. Name and Address of Current Registered Agent			5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
SELIGMAN, KAREN J 7865 SOUTHSIDE BLVD JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 title if applicable</small>					
9. Capital Contributions as Shown on record. \$386,368.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	G95219900054		STREET ADDRESS		
NAME	LD HOUSING PARTNERS		CITY-ST-ZIP		
STREET ADDRESS	7865 SOUTHSIDE BLVD				
CITY-ST-ZIP	JACKSONVILLE, FL				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS				LD00000333461 04/27/05-80004-017 535.00	
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS					
CITY-ST-ZIP					
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: <u>Karen J Seligman</u> <u>KAREN J Seligman</u>			3/1/05		904 6421759
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>

STAPLE CHECK HERE