

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

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A28651**

1. Entity Name  
CITRUS MEADOWS APARTMENTS, LTD.



Principal Place of Business  
2216 - 64TH ST. CT. E.  
BRADENTON, FL 34208

Mailing Address  
2216 - 64TH ST. CT. E.  
BRADENTON, FL 34208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152005

Chg-LP

CR2E003 (10/03)

4. FEI Number

65-0141137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARDEE, SAM F.  
2216 - 64TH ST. CT. E.  
BRADENTON, FL 34208

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

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

DATE

9. Capital Contributions  
as Shown on record.

**\$1,195,686.00**

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 # K91589  
NAME CITRUS MEADOWS DEVELOPMENT ASSOC., INC.  
STREET ADDRESS 2216 - 64TH ST. CT. E.  
CITY-ST-ZIP BRADENTON, FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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)(f), 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

*Sam F. Hardee*

Date

Daytime Phone #

4 1605 7461873

STAPLE CHECK HERE