


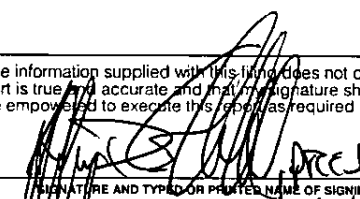
2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|---------------------------|---|--|--|--|
| DOCUMENT # A31043 1. Entity Name FLORIDA APARTMENT MANAGEMENT, LTD. | | | |  | |
| Principal Place of Business 3850 HOLLYWOOD BLVD., SUITE 400 HOLLYWOOD, FL 33021 | | | | Mailing Address 3850 HOLLYWOOD BLVD., SUITE 400 HOLLYWOOD, FL 33021 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent CORNFELD, ROBERT M. 3850 HOLLYWOOD BLVD SUITE 400 HOLLYWOOD, FL 33021 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> <div style="float: right;">DATE _____</div> | | | | | |
| 9. Capital Contributions as Shown on record. \$10,000.00 | | 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 # | S21712 | | STREET ADDRESS | | |
| NAME | CAMBRIDGE ASSET MGMT, INC | | CITY-ST-ZIP | | |
| STREET ADDRESS | 3850 HOLLYWOOD BL., #400 | | 400054040394 05/09/05 01010 000 **158.75 | | |
| CITY-ST-ZIP | HOLLYWOOD, FL | | STREET ADDRESS | | |
| DOCUMENT # | | | CITY-ST-ZIP | | |
| NAME | | | STREET ADDRESS | | |
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| STREET ADDRESS | | | CITY-ST-ZIP | | |
| CITY-ST-ZIP | | | STREET ADDRESS | | |
| 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:  | | | 4/12/05 (954) 989-2200 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | | | |

STAPLE CHECK HERE