2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A31675  1. Entity Name APARTMENT OPPORTUNITY FUND, L.P., LTD.			O3 APR 30 AMII: 03	
rincipal Place of Business 11 UNION STREET UITE 2350 ASHVILLE TN 37219  Mailing Address 511 UNION STREET SUITE 2350 NASHVILLE TN 37219			SECRETARY OF STATE TALLAHASSEE FLORIDA	
2. Principal Place of Business 40 Burton Hills Blvd #420 40 Burton Hills			ء والما	
Suite, Apt. #, etc. Suite, Apt. #, etc.			DUE BY MAY 1, 2003	
City & State Nashvi lle TN 37215	& State ashville TN 37215 City & State Nashville, TN 3		4. FEI Number 62-1468688 Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
6. Name and Address of Current Rec	istered Agent	Name	7. Name and Address of New Registered Agent	
Capital Connection, Inc. 417 East Virginia Street, Suite one		Street Ac	Street Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301		_		
		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.				
9. Capital Contributions as Shown on record. \$600,000.00	10. Amount of Capital in FLORIDA to date		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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				
R9200000061  GENERAL CAPITAL ASSOCIATES, L.P., LTD.  STREET ADDRESS 511 UNION STREET, #2350  NASHVILLE TN		STREET ADDRESS CITY-ST-ZIP	40 Burton Hills Blvd #420	
DOCUMENT # NAME	DDRESS		Nashvilles	
STREET ADDRESS CITY-ST-ZIP				
DOCUMENT #			04/30/03 - 8/075 - 620 **141.25	
NAME STREET ADDRESS CITY-ST-ZIP				
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STREET ADDRESS "! CITY-ST-ZIP	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 be execute this report as required by Chapter 620, Florida Statutes  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Daving Phone #				