2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

Due By September 7, 2005									
DOCUMENT : 1. Entity Name APC, LTD.	# A32209				M	•	L E [22 PH L		
Principal Place of Business 3725 EAST 10TH COURT HIALEAH, FL 33013		Mailing Address 3725 EAST 10TH COURT HIALEAH, FL 33013			08/24/5 SEUNE IAMY UF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08152005	Chg-LP	CR2E003	(10/03)		
City & State		City & State		4. FEI Number 65-02986	359		Applied For Not Applicable		
Zip Country		Zip Counti		lry	5. Certificate of Status Desired			75 Additional Required	
6. Name a	and Address of Current Regist	ered Agent			7. Name and A	ddress of New Re		<u> </u>	
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE, FL 33134				Name Street Address (P.O. Box Number is Not Acceptable)					
				City				Z ip Code	
8 The above named entity	submits this statement for the nu	rnose of changing its re	nietoro	-	ert anent or both	in the State of Flo			
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 Signature, typed or printed name of registered agent and title if applicable.							DATE		
9. Capital Contributions as Shown on record. \$470,980.00 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 CHA	NGES ONLY		
DOCUMENT / S80137 NAME APC FINANCIAL CORP. STREET ADDRESS 3725 EAST 10TH COURT			STRE	ET ADDRESS	· · · · · · · · · · · · · · · · · · ·				
CITY-ST-ZIP HIALEAH, FL 33013			CITY	·ST-ZIP					
DOCUMENT / NAME			STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP					
DOCUMENT / NAME			STRE	et address	08/31/	00591 0501049	.8855 012 *	*935.0 0	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP					
DOCUMENT / NAME			STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP					
DOCUMENT / NAME			STRE	ET ADDRESS		·			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP					
DOCUMENT # NAME.			STRE	et address					
STREET_ADDRESS CITY-ST-ZIP				-ST-ZIP					
14. I hereby certify that the information supplied with this tiring 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 ray 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: Date Despire Provided That the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that ray signatures 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. I further certify that the information indicated on this report is true and accurate and that ray signatures 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. I further certify that the information indicated on this report is true and accurate and that I am a General Partner of the limited partnership or									