
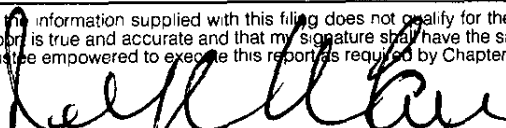


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # A32801			
1. Entity Name CENTRAL CITY APARTMENTS, LTD.			
Principal Place of Business URBAN LEAGUE OF GREATER MIAMI 8500 N.W. 25TH AVENUE MIAMI, FL 33147		Mailing Address 8500 NW 25TH AVENUE MIAMI, FL 33147	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FAIR, TALMADGE W CENTRAL CITY APARTMENTS CORP. 8500 N.W. 25 AVENUE MIAMI, FL 33147		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	
Signature, typed or printed name of registered agent and title if applicable			
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00			
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. ADDRESSES CHANGED ONLY \$88.75	
DOCUMENT #	V26456	STREET ADDRESS	
NAME	CENTRAL CITY APTS. CORP.	CITY-ST-ZIP	
STREET ADDRESS	8500 N.W. 25TH AVENUE		
CITY-ST-ZIP	MIAMI, FL		
DOCUMENT #	V26462	STREET ADDRESS	
NAME	GMN AFFORDABLE HOUSING PARTNER IV, INC.	CITY-ST-ZIP	
STREET ADDRESS	1460 BRICKELL AVE., #309		
CITY-ST-ZIP	MIAMI, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 02/10/08 305/516-4450	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	