

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A32869

1. Entity Name
SHERWOOD APARTMENTS, LTD.



Principal Place of Business

PO BOX 644
 MILTON, FL 32570

Mailing Address

PO BOX 644
 MILTON, FL 32570

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. # etc

City & State

City & State

Zip

Country

Zip

Country

01072004

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3119611

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

CARVER, S. ELLEN
4284 HWY. 90
PACE, FL 32571

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

\$650.00

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 #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

CARVER, STANLEY A
4284 HWY. 90
PACE, FL 32571

STREET ADDRESS

CITY - ST - ZIP

U00000160268

05/13/04-80014-014 150.00

DOCUMENT #
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 STREET ADDRESS
 CITY - ST - ZIP

CARVER, S. ELLEN
4284 HIGHWAY 90
PACE, FL 32571

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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)(c), 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:

S. Ellen Carver **S. Ellen Carver** **4-29-04**