2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 APR -8 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A32869

1. Entity Name
SHERWOOD APARTMENTS, LTD.

Principal Place of Business	Mailing Address
PO BOX 644 MILTON, FL 32570	PO BOX 644 MILTON, FL 32570

03302005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4425 Amberwood Cr.

City Pace FL Zip Code 32571

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 S. Ellen Carver 3-30-05
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 #		STREET ADDRESS	P.O. Box 644
NAME	CARVER, STANLEY A	CITY-ST-ZIP	Milton, FL 32572
STREET ADDRESS	4284 HWY. 90		
CITY-ST-ZIP	PACE, FL 32571		
DOCUMENT #		STREET ADDRESS	P.O. Box 644
NAME	CARVER, S. ELLEN	CITY-ST-ZIP	Milton, FL 32572
STREET ADDRESS	4284 HIGHWY 90		
CITY-ST-ZIP	PACE, FL 32571		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	400054015974
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: S Ellen Carver 3-30-05 850-623-8144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #