

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 APR -1 AM 10:00

**DOCUMENT # A32907**

1. Entity Name  
**ATLANTIC PINES APARTMENTS, LTD.**



Principal Place of Business  
**701 WHITE BLVD.  
 INVERNESS, FL 34453**

Mailing Address  
**P.O. BOX 10293  
 CLEARWATER, FL 33757**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092004

Chg-LP

CR2E003 (10/03)

4. FEI Number

**59-3147856**

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

~~WILSON, MAUREEN~~  
~~583 E. GULF TO LAKE HWY.~~  
~~LECANO, FL 34461~~

**Patricia Kenney**  
**701 White Blvd**  
**Inverness, FL 34453**

Name

**Patricia Kenney**

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

**701 White Blvd**

City

**Inverness**

**FL**

Zip Code

**34453**

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

*Patricia Kenney*

Signature, typed or printed name of registered agent and title if applicable.

**2/25/04**

DATE

9. Capital Contributions  
 as Shown on record.

**\$204,671.00**

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 #

**N31431**

NAME

**FLORIDA LOW INCOME HOUSING ASSOCIATES, INC**

STREET ADDRESS

**583 E. GULF TO LAKE HWY 701 White Blvd**

CITY-ST-ZIP

**LECANO, FL Inverness, FL 34453**

STREET ADDRESS

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STREET ADDRESS

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)(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:

*Patricia Kenney*

**2/25/2004**

**352-726-1113**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**Patricia Kenney**

STAPLE CHECK HERE