


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A93000000008	
1. Entity Name HOMESTEAD APARTMENTS LIMITED	

Principal Place of Business %GAINESVILLE REAL ESTATE MNGT. CO., INC. 2040 N.W. 67TH PLACE GAINESVILLE, FL 32653	Mailing Address %GAINESVILLE REAL ESTATE MNGT. CO., INC. 2040 N.W. 67TH PLACE GAINESVILLE, FL 32653
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

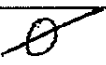


01232004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent CRUTCHER, KEITH A 2040 N.W. 67TH PLACE GAINESVILLE, FL 32653	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 file if applicable

9. Capital Contributions as Shown on record \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date. 
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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 #	P98000065588	STREET ADDRESS	
NAME	HOMESTEAD APARTMENTS MANAGEMENT, INC.	CITY-STATE-ZIP	
STREET ADDRESS	2040 N.W. 67TH PLACE		
CITY-STATE-ZIP	GAINESVILLE, FL 32653		
DOCUMENT #		STREET ADDRESS	U00000146281
NAME		CITY-STATE-ZIP	05/03/04-80060-003 141.25
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NAME		CITY-STATE-ZIP	
STREET ADDRESS			
CITY-STATE-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Keith Crutcher 4/12/04 3523764939

Date

Signature Number

STAPLE CHECK HERE