

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A93000000158

1. Entity Name
 MYSTIC POINTE APTS. LTD.



Principal Place of Business
 5700 SW 34TH ST., SUITE 1307
 GAINESVILLE, FL 32669

Mailing Address
 20721 SW 46TH AVE.
 NEWBERRY, FL 32669

2. Principal Place of Business
 20721 SW 46th Ave
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Newberry FL
 Zip
 32669
 Country
 US

City & State
 Zip
 Country

03032004 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3164770

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, NORITA V
 20721 SW 46TH AVENUE
 NEWBERRY, FL 32669

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. \$10,562,000.00

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 DAVIS, RONNIE C
 STREET ADDRESS 20725 S.W. 46TH AVENUE
 CITY-ST-ZIP NEWBERRY, FL 32669

STREET ADDRESS
 CITY-ST-ZIP
 800036062278
 05/11/04--01067--004 **\$35.00

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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: Stefan Davis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/12/04 (332)472-7773
 Date Daytime Phone #

FILED

04 APR 30 AM 8:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



STAPLE CHECK HERE