

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

**FILED**

04 APR 30 AM 8:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03032004 Chg-LP CR2E003 (10/03)

**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.

City & State: Newberry FL

Zip: 32669 Country: US

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: \_\_\_\_\_

B. 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 #	DAVIS, RONNIE C	STREET ADDRESS	
NAME	20725 S.W. 46TH AVENUE	CITY-ST-ZIP	
STREET ADDRESS	NEWBERRY, FL 32669		800036062278
CITY-ST-ZIP			05/11/04--01067--004 **535.00
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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 4/12/04 (352) 472-7773  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE