


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # A93000000158					
1. Entity Name MYSTIC POINTE APTS. LTD.					
Principal Place of Business 20721 SW 46TH AVE NEWBERRY, FL 32669			Mailing Address 20721 SW 46TH AVE. NEWBERRY, FL 32669		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVIS, NORITA V 20721 SW 46TH AVENUE NEWBERRY, FL 32669				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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		STREET ADDRESS	
NAME		DAVIS, NORITA V		CITY-ST-ZIP	
STREET ADDRESS		20721 S.W. 46TH AVENUE		CITY-ST-ZIP	
CITY-ST-ZIP		NEWBERRY, FL 32669		CITY-ST-ZIP	
DOCUMENT #		NAME		STREET ADDRESS	
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STREET ADDRESS				CITY-ST-ZIP	
CITY-ST-ZIP				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)(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: <i>Norita V Davis</i>				1-5-05 (352) 472-3952	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>	



01202005 Chg-LP CR2E003 (10/03)
4. FEI Number 59-3164770 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

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