

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 28 AM 10:37

DOCUMENT # A93000000301 1. Entity Name TWIN LAKES APARTMENTS, LTD.					
Principal Place of Business 120 E. PALMETTO PARK RD., STE. 100 BOCA RATON, FL 33432			Mailing Address 10718 KIRKALDY LANE BOCA RATON, FL 33498		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 120 E. Palmetto Park Rd. Suite, Apt. #, etc. Suite 100			
City & State Boca Raton, Florida		City & State Boca Raton, Florida		4. FEI Number 01132005 Chg-LP CR2E003 (10/03) 65-0397589	
Zip 33432		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LICHTMAN, JONATHAN J PA 120 E PALMETTO PARK RD SUITE 100 BOCA RATON, FL 33432-0000			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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. \$900,000.00			10. Amount of Capital Contributions in FLORIDA to date. \$900,000		
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 # S94558 NAME TL APARTMENTS, INC. STREET ADDRESS 10718 KIRKALDY LANE CITY-ST-ZIP BOCA RATON, FL 33498			STREET ADDRESS CITY-ST-ZIP		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			President of TL Apartments, Inc. General Partner 2/23/05 (561) 869-3600		

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