

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

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A93000001189**

1. Entity Name  
**RUSS LAKE APARTMENTS LIMITED PARTNERSHIP**



Principal Place of Business  
**P.O. BOX 6437  
 PANAMA CITY, FL 32404**

Mailing Address  
**P.O. BOX 6437  
 PANAMA CITY, FL 32404**



2. Principal Place of Business  
 Suite, Apt. #, etc.

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

City & State

Zip Country

04262004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**52-1852897**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SUMNER, DANNY J  
 608 S. TYNDALL PARKWAY  
 PANAMA CITY, FL 32404**

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. **\$89,100.00**

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 #	P93000025276	STREET ADDRESS	
NAME	RUPP ASSET MANAGEMENT, INC.	CITY- ST- ZIP	1000000157791 05/06/04-80042-017 535.00
STREET ADDRESS	1250 24TH STREET, N.W.		
CITY- ST- ZIP	WASHINGTON, DC 20037		
DOCUMENT #		STREET ADDRESS	<del>1000000158052 Barb</del> <del>05/06/05-80001-017 535.00</del>
NAME		CITY- ST- ZIP	
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CITY- ST- ZIP			

STAPLE CHECK HERE

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:** *[Signature]* **426-04** **8509130531**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #