

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		City & State		04262004 Chg-LP CR2E003 (10/03)	
Zip	Country	Zip	Country	4. FEI Number 52-1852897	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 # NAME STREET ADDRESS CITY- ST- ZIP	P93000025276 RUPP ASSET MANAGEMENT, INC. 1250 24TH STREET, N.W. WASHINGTON, DC 20037			STREET ADDRESS CITY- ST- ZIP	000000157791 05/06/04-80042-017 535.00
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	000000158052 Barb 05/06/05-80001-017 535.00			STREET ADDRESS CITY- ST- ZIP	05/06/05-80001-017 535.00
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP			STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP			STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP			STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS CITY- ST- ZIP			STREET ADDRESS CITY- ST- ZIP	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:				426-04 8509130531	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>	

STAPLE CHECK HERE