

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A9400000332

1. Entity Name
 SEMINOLE RIDGE APARTMENTS, LTD.



Principal Place of Business
 730 BONNIE BRAE ST.
 WINTER PARK, FL 32789

Mailing Address
 730 BONNIE BRAE ST.
 WINTER PARK, FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



01042005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-3233475

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAVANAUGH, THOMAS L
 730 BONNIE BRAE ST.
 WINTER PARK, FL 32789

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
 as Shown on record. \$6,890,100.00

10. Amount of Capital Contributions
 in FLORIDA to date. 4,372,976

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 #	P99000057268	STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP	SEMINOLE RIDGE, INC. 730 BONNIE BRAE ST. WINTER PARK, FL 32789		
DOCUMENT #		STREET ADDRESS	000000267587 03/18/05-80009-001 526.25
NAME 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:

THOMAS L. CAVANAUGH 1/12/05 401-028-3065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE