

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000001707 1. Entity Name LATELL CROIX APARTMENTS, LTD.					
Principal Place of Business 1901 LINHART #10 FT. MYERS, FL 33901				Mailing Address 1901 LINHART #10 FT. MYERS, FL 33901	
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	
LATELL, FRANK A 1901 LINHART #10 FT. MYERS, FL 33901				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. \$667,636.20		10. Amount of Capital Contributions in FLORIDA to date. \$667,535.20			
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		
STREET ADDRESS	LATELL, FRANK A		CITY-ST-ZIP		
CITY-ST-ZIP	PEPPERTREE APTS MANAGER, 3207 BROADWAY #77 FT. MYERS, FL 33901				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	P95000082067		CITY-ST-ZIP		
CITY-ST-ZIP	CROIX APARTMENTS OF LEE COUNTY, INC. PEPPERTREE APTS MANAGER, 3207 BROADWAY #77 FT. MYERS, FL 33901				
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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>Frank A. Latell</i>			DATE: 4/2/05 DAYTIME PHONE #: 888 885 2651		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE



01172005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0617924 Applied For Not Applicable

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

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04/18/05-80162-013 526.25