2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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

DOCUMENT # A95000001708 1. Entity Name LATELL TWIN OAKS APARTMENTS, LTD.						Secretary of State			
Principal Place of Business C/O GEORGIANA JOHNSTON 1901 LINHART #10 FT. MYERS, FL 33901		Maijing Address C/O GEORGIANA JOĤÑSTON 1901 LINHART #10 FT, MYERS, FL 33901							
2. Principal Place of Business		3. Mailing Address]				
Suite, Apt. #, etc.		-Suite, Apt. #, etc.			01172005	Chg-LP	CR2E003 (10	3/03)	
City & State		City & State			4. FEI Number 65-06179	927	-	Applied For Not Applicable	
Zip Country		Zìp	Country		5. Certificate of			5 Additional	
	6. Name and Address of Curre	nt Registered Agent			7. Name and A	ddress of New F	Registered Agent		
LATELL FRA	LATELL, FRANK A			Name			· <u>-</u>		
1901 LINHART 10 FT. MYERS, FL 33901				Street Address (P.O. Box Number is Not Acceptable)					
				City			y= u Zír	Code	
					FL Zip Code lered agent, or both, in the State of Florida. I am familiar with, and accept				
the obligation	ns of registered agent.	· •		<u>.</u>					
	anature, typed or printed name of registered age	ant and tills if applicable.	ital Contri	hutiana	· · · · · · · · · · · · · · · · · · ·		DATE		
9. Capital Contr. as Shown on		in FLORIDA to		autions					
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS E	NTITY N	IUST BE REGIS n; an amendmei	TERED AND AC	TIVE WITH TH to change a g	HS OFFICE. Jeneral partner.		
12.		ER INFORMATION	13.			ADDRESS CH			
1	LATELL, FRANK A			EET ADDRESS					
)	T. MYERS, FL 33901		CITY	/-ST-ZIP					
NAME T	P95000082079 TWIN OAKS APARTMENTS OF LEE COUNTY, INC.		STR	EET ADDRESS					
1 1	901 LINHART 10 T. MYERS, FL 33901		CIT	(-ST-ZIP					
DOCUMENT # NAME			STR	EET ADDRESS			10314346 5 <u>-80162-01</u> 4	526.25	
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CITY-ST-2IP DOCUMENT # NAME STREET ADDRESS CITY ST-2IP			\$1R	EET ADORESS					
STREET ADDRESS CITY: ST-ZIP			cin	Y-ST-ZIP					
DOCUMENT #			STR	EET ADDRESS	÷		·		
STREET ADDRESS GITY-ST-ZIP				Y-ST-ZIP		·			
14. I hereby cer indicated or the receiver	nify that the information supplied w this report of true and accurate a or trustee empowered to execute	with this fiting does not qualify food that my signature shall have this epper as fugured by Cha			ection 119.07(3)(i), nade under oath; t	Florida Statutes, hat I am a Gener	I further certify that al Partner of the lim	t the informatio lited partnersh	