

4/19/05

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY 16 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000002229			
1. Entity Name RISLAKE APARTMENTS LIMITED PARTNERSHIP			
Principal Place of Business 501 116TH AVENUE NORTH ST. PETERSBURG, FL 33716		Mailing Address 24500 CHAGRIN BLVD #200 BEACHWOOD, OH 44122	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01202005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
RISMAN, WILLIAM B 501 116TH AVENUE NORTH ST. PETERSBURG, FL 33716				Name Robert G. Risman			
				Street Address (P.O. Box Number is Not Acceptable)			
				1515 Eden Isle Blvd., N.E.			
				City St. Petersburg FL Zip Code 33704			
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				Robert G. Risman			
				DATE 4/19/05			
9. Capital Contributions as Shown on record. \$246,000.00				10. Amount of Capital Contributions negative in FLORIDA to date. (-\$6,050,881.74)			
				\$141.25 Filing Fee			

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 #	P96000098628	STREET ADDRESS	000054915010
NAME	RISLAKE GENERAL PARTNER CORPORATION	CITY-ST-ZIP	05/20/05--01041--001 **141.25
STREET ADDRESS	501 116TH AVENUE NORTH		
CITY-ST-ZIP	ST. PETERSBURG, FL 33716		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 Robert G. Risman 4/19/05 216-464-5130

STATE UNIFORM FILING