

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000000035					
1. Entity Name EMERSON ARMS APARTMENTS, LTD.					
Principal Place of Business 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207			Mailing Address 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01062005 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-1287029				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EMERSON ARMS APARTMENTS, INC. 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207			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. \$1,000.00			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 #	P97000000384		STREET ADDRESS		
NAME	EMERSON ARMS APARTMENTS, INC.		CITY - ST - ZIP		
STREET ADDRESS	3740 BEACH BLVD., SUITE 300		000000235705 02/19/05-80014-016 150.00		
CITY - ST - ZIP	JACKSONVILLE, FL 32207		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

STAPLE CHECK HERE

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: Jack C. Demetree Jack C. Demetree, President 01-14-05 (904) 398-7350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Emerson Arms Apartments, Inc., General Partner