

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


FILED

2005 APR 28 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000000254

1. Entity Name
SUGAR HILL APARTMENTS, LTD.



Principal Place of Business 8500 N.W. 25 AVENUE MIAMI, FL 33147	Mailing Address 8500 N.W. 25 AVENUE MIAMI, FL 33147
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04252005 Chg-LP CR2E003 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WASHINGTON, LYNN C
% HOLLAND & KNIGHT
701 BRICKELL AVE., SUITE 3000
MIAMI, FL 33147

7. Name and Address of New Registered Agent

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. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	714512	STREET ADDRESS	
NAME	THE URBAN LEAGUE OF GREATER MIAMI, INC	CITY - ST - ZIP	
STREET ADDRESS	8500 N.W. 25 AVENUE		
CITY - ST - ZIP	MIAMI, FL 33147		
DOCUMENT #		STREET ADDRESS	100055185911
NAME		CITY - ST - ZIP	05/24/05--01032--028 **167.50
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STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this form 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: *[Signature]* 04/25/05 305-696-4450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #