


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 06, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|---------------------------------|---------|---|---|-------------------------------|
| DOCUMENT # A97000000683 1. Entity Name GT APARTMENTS, LTD. | | | |  | |
| Principal Place of Business 500 S. FLORIDA AVE., STE. 700 LAKE LAND, FL 33801 | | | Mailing Address P.O. BOX 5252 LAKE LAND, FL 33807-5252 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 01152004 Chg-LP CR2E003 (10/03) | |
| 4. FEI Number 59-3515257 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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 | | | FL Zip Code | | |
| SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small> | | | | | |
| 9. Capital Contributions as Shown on record: \$200,000.00 | | | 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 # | P29845 | | STREET ADDRESS | | |
| NAME | A & M BUSINESS PROPERTIES, INC. | | CITY-ST-ZIP | | |
| STREET ADDRESS | 500 S. FLORIDA AVE., STE. 700 | | | | |
| CITY-ST-ZIP | LAKE LAND, FL 33801 | | | | |
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| 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: <i>Kim S. Kelley</i> Kim S. Kelley | | | Date: 4/29/04 | | Daytime Phone #: 863-647-1581 |

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