2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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

DOCUMENT # A9700002775 1. Entity Name BAYSHORE APARTMENTS LIMITED PARTNERSHIP			·		Secre	tary of State
Principal Place of Business 2476 N. ESSEX AVE. HERNANDO, FL 34442		Mailing Address 2476 N. ESSEX AVE. HERNANDO, FL 34442				
2. Principal Pl	ace of Business	3. Mailing Address				
Suite, Apt.	Suite, Apt. #, etc.		Suite, Apt. #, etc		01192005 Chg-LP CR	2E003 (10/03)
City & State		City & State			4. FEI Number 59-3482422	Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent		Name	7. Name and Address of New Register	red Agent
ABEL ERIO	ABEL, ERIC D ESQ.					
2476 N ES	SEX AVENUE O, FL 34442			Street Address (P.O. Box Number is Not Acceptable)	
				City		Zip Code
	named entity submits this statement ons of registered agent	nt for the purpose of changing	ng its register	red office or register	ed agent, or both, in the State of Florida. I	am familiar with, and accept
SIGNATURE -	Signature, typed or printed name of registered a	gant and little if applicable.			OA:	τε
9. Capital Cor as Shown o	tributions \$247,500.00	10. Amount of 0	to date.			
	A GENERAL PARTNE NOTE: General Partners	R THAT IS A BUSINESS MAY NOT be changed	S ENTITY Non the form	MUST BE REGIST n; an amendmen	FERED AND ACTIVE WITH THIS OFF it must be filed to change a general	FICE. partner.
12.					ADDRĒŠS CHANGES	ONLY
DOCUMENT # NAME	P97000104372 KELLER COURT, INC.		STR	REET ADDRESS	AL SOURCE PROPERTY.	
STREET ADDRESS CITY-ST-ZIP	2450 N. CITRUS HILLS BLVD HERNANDO, FL 34442		CIT	Y+ST-ZIP		
DOCUMENT ≱ NAME	P97000104368 JOHAB, INC.		STR	REET ADDRÉSS	000000257527 03/18/05-60005-019-526-25	
STREET ADDRESS CITY-ST-ZIP	27 ADALIA TAMPA, FL 33606		¢m	Y+ST-ZIP		
DOCUMENT # NAME			STR	REET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			ст	Y - ST - ZIP		
DOCUMENT #			STR	REET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			сп	Y-ST-ZIP		
			STR	EET ADORESS		
NAME STREET ADDRESS CITY-ST-ZIP			CITY	Y-SI-ZIP		
DOCUMENT #			STR	EET ADORESS		
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP		
14. I hereby of indicated the received	ertify that the information supplied on this report is true any accurate er or trustee empowerettito execut	with this filing does not qual and that my signature shall e this report as required by	ify for the exe have the sam Chapter 620,	emption stated in Se ne legal effect as if m Florida Statutes	ction 119.07(3)(i), Florida Statules. I further ade under oath; that I am a General Partne	certify that the information or of the limited partnership or
SIGNAT	URE: STAN	D OR PRINTED NAME OF SIGNING O	W	M	Date	352-746-6060