


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000002880 1. Entity Name HARBOUR ISLAND APARTMENT ASSOCIATES, LTD.					
Principal Place of Business 2600 E. COMMERCIAL BOULEVARD, SUITE 200 FORT LAUDERDALE, FL 33303			Mailing Address 2600 E. COMMERCIAL BOULEVARD, SUITE 200 FORT LAUDERDALE, FL 33303		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0801694	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JENNINGS & VALANCY 311 SE 13TH STREET FORT LAUDERDALE, FL 33316				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 _____					
9. Capital Contributions as Shown on record. \$3,200,000.00			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 # 572226 NAME M.S.L. PROPERTY MANAGEMENT, INC. STREET ADDRESS 2600 E COMMERCIAL BOULEVARD, #200 CITY - ST - ZIP FORT LAUDERDALE, FL 33308			STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # P95000049362 NAME WESTON KENDALL CORP. STREET ADDRESS 7-11 SOUTH BROADWAY, SUITE #200 CITY - ST - ZIP WHITE PLAINS, NY 10601			STREET ADDRESS CITY - ST - ZIP		
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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)(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: _____ 2/7/05					

STAPLE CHECK HERE

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