

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A98000000788**

1. Entity Name  
**OKEEHHEEL APARTMENT PARTNERS, LTD.**



**FILED**

**04 FEB -2 AM 10:00**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business  
**11300 FOURTH STREET NORTH, SUITE 200  
ST. PETERSBURG, FL 33716-2940**

Mailing Address  
**11300 FOURTH STREET NORTH, SUITE 200  
ST. PETERSBURG, FL 33716-2940**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3500821**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OKEEHHEEL APARTMENTS, INC.  
11300 FOURTH STREET NORTH, SUITE 200  
ST. PETERSBURG, FL 33716-2940**

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. **\$2,650,000.00**

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 # **P98000028336**  
NAME **OKEEHHEEL APARTMENTS, INC.**  
STREET ADDRESS **11300 FOURTH STREET NORTH, SUITE 200**  
CITY-ST-ZIP **ST. PETERSBURG, FL 337162940**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**300028011543**  
**02/02/04 01054 020 \*\*526.25**

**M THOMAS**

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

**OKEEHHEEL APARTMENTS INC**

SIGNATURE: **James M. Chadwick**  
BY: **James M. Chadwick**  
**James M. Chadwick, vice President**

**1/14/04**

**227-577-9197**

Date

Daytime Phone #