


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A98000000886</b> 1. Entity Name <b>PROVIDENCE PLACE APARTMENTS LIMITED PARTNERSHIP</b>		
Principal Place of Business <b>10202 ALTAVISTA AVENUE TAMPA FL 33647</b>		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 21 AM 10:40

Mailing Address <b>1251 AVENUE OF THE AMERICAS 36TH FLOOR NEW YORK NY 10020</b>	
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>59-3503743</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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.		<b>11. FILE NOW!!! Due by May 1, 2005.</b> See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record. <b>\$99,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>99,000</b>	

**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 #	<b>P98000030508</b>	STREET ADDRESS	
NAME	<b>PROVIDENCE PLACE APARTMENTS, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1251 AVENUE OF THE AMERICAS</b>		
CITY-ST-ZIP	<b>NEW YORK NY 10020</b>		
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CITY-ST-ZIP			

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STAPLE CHECK HERE

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. By: <b>Providence Place Apartments, Inc.</b>	
SIGNATURE: <b>Ellen Guttenberg</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date: <b>2/16/05</b> Daytime Phone #: <b>212-408-5000</b>