

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001761 1. Entity Name VICTORIA POINTE VENTURE LIMITED PARTNERSHIP	
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Principal Place of Business 1177 S.E. THIRD AVE. FORT LAUDERDALE, FL 33316-1197	Mailing Address KLINGBEIL CAPITAL MANAGEMENT, LTD. 501 DARBY CREEK ROAD, #11 LEXINGTON, KY 40509
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04282004 Chg-LP CR2E003 (10/03)

4. FEI Number	Applied For
65-0851990	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WACHS, JEFFREY S ESQ. 1177 S.E. THIRD AVE. FORT LAUDERDALE, FL 33316	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	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. \$9,523,461.00	10. Amount of Capital Contributions in FLORIDA to date. \$9,523,461.00
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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 #	P98000062362	STREET ADDRESS	
NAME	AMERICAN APT. COMMUNITIES VICTORA PT., INC	CITY-ST-ZIP	
STREET ADDRESS	1175 S.E. 3RD AVENUE		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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)(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:  **George R. Nickerson** **Vice President** **4/29/2004** **614/220-8900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE