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

SIGNATURE

Mar 01, 2005 08:00 AM DOCUMENT # A98000002650 **Secretary of State** 1. Entity Name CEDAR GROVE APARTMENTS, LTD. Principal Place of Business Mailing Address 1666 KENNEDY CSWY., #505 N. BAY VILLAGE FL 33141 1666 KENNEDY CSWY., #505 N. BAY VILLAGE FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc. CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 65-0881088 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROJO, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 1666 KENNEDY CSWY., #505 N. BAY VILLAGE FL 33141 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 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE -Signature, typed or printed name of registered agent and little if applicable DATE See Block 11 instructions for fee info. 9. Capital Contributions 10. Amount of Capital Contribution \$8,380,000.00 380 000 as Shown on record 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 ADDRESS CHANGES ONLY 13. DOCUMENT # P98000100148 STREET ADDRESS CEDAR GROVE APARTMENTS, INC. NAME STREET ADDRESS 1666 KENNEDY CSWY., #505 COTY-ST ZIP CITY - ST - ZIP N. BAY VILLAGE FL 33141 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - 71P DOCUMENT# STREET ADDRESS NAME. U00000247694 STREET ADDRESS 03/01/05-80034-004 526.25 CHT-ST-2it CITYL ST-ZIP 00CUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZiP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS Cilly ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 occurate 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.

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