

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**DOCUMENT # A9800002809**

1. Entity Name

COLLEGE SQUARE APARTMENTS, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR -5 AM 10:42

Principal Place of Business 4400 BAYOU BOULEVARD, SUITE 52-B PENSACOLA FL 32503	Mailing Address 4400 BAYOU BOULEVARD, SUITE 52-B PENSACOLA FL 32503
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 9469 Suite, Apt. #, etc.
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MOORE CR2E003 (11/03)

City & State PENSACOLA, FL.	City & State PENSACOLA, FL.	4. FEI Number 59-3298547	Applied For Not Applicable
Zip 32513	Country Escambia	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**NAPIER, PHILIP A  
4400 BAYOU BOULEVARD, SUITE 52-B  
PENSACOLA FL 32503**

**7. Name and Address of New Registered Agent**

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. **\$95.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE - SEE REVERSE SIDE FOR FEE INFORMATION**

**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	
DOCUMENT #	NAPIER, PHILIP A
NAME	4400 BAYOU BOULEVARD, SUITE 52-B
STREET ADDRESS	PENSACOLA FL 32503
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>300034514259</b>
CITY-ST-ZIP	<b>04/29/04 01005-020 **150.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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

**SIGNATURE:** Philip Napier **Philip Napier** 04/13/04 850-857-1881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #