


FILED
Mar 18, 2005 08:00 AM
Secretary of State

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A98000002809			
1. Entity Name COLLEGE SQUARE APARTMENTS, LTD.			
Principal Place of Business 4400 BAYOU BOULEVARD, SUITE 52-B PENSACOLA, FL 32503		Mailing Address P.O. BOX 9469 PENSACOLA, FL 32513	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 59-3298547		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01062005 Chg-LP CR2E003 (10/03)	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$95.00		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 #	NAME	STREET ADDRESS	
NAME	NAPIER, PHILIP A	CITY-ST-ZIP	
STREET ADDRESS	4400 BAYOU BOULEVARD, SUITE 52-B		
CITY-ST-ZIP	PENSACOLA, FL 32503		
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CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **03/14/05** **850-857-1881**

STAPLE CHECK HERE