

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAR 10 AM 9:38

<b>DOCUMENT # A99000000252</b>					
1. Entity Name JADE GARDENS APARTMENTS, LTD.					
Principal Place of Business 9095 S.W. 87TH AVENUE, SUITE 777 MIAMI, FL 33176			Mailing Address 9095 S.W. 87TH AVENUE, SUITE 777 MIAMI, FL 33176		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01112005 Chg-LP CR2E003 (10/03) 4. FEI Number 65-0893406 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	
PROFESSIONAL MANAGEMENT GEN. PTNRSHPS, INC 9095 S.W. 87TH AVENUE, SUITE 777 MIAMI, FL 33176				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. \$1,080,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P96000099680		STREET ADDRESS		
NAME	PROFESSIONAL MANAGEMENT GEN. PTNRSHPS, INC		CITY-ST-ZIP		
STREET ADDRESS	9095 S.W. 87TH AVENUE, SUITE 777				
CITY-ST-ZIP	MIAMI, FL 33176				
DOCUMENT #			STREET ADDRESS	000048576940	
NAME			CITY-ST-ZIP	03/17/05--01005--003 **526.25	
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STREET ADDRESS					
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)(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: _____			James R. Mitchell		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			2/25/05 305-270-0870		

STAPLE CHECK HERE