2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 11 AM 11:41

DOCUMENT # A99000000392

1. Entity Name
APARTMENT HOMES OF AMELIA, LTD.

Principal Place of Business	Mailing Address
50 NORTH LAURA STREET, SUITE 310 JACKSONVILLE, FL 32202	7865 SOUTHSIDE BLVD. JACKSONVILLE, FL 32256

01172005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
1325 Atlantic Avenue	P. O. Box 1200
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fernandina Beach, FL	City & State: Fernandina Beach, FL
Zip: 32034 Country: USA	Zip: 32035 Country: USA

4. FEI Number: 59-3561904 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRANT, MOORE, MACDONALD & WELLS, P.A. 50 NORTH LAURA STREET, SUITE 310 JACKSONVILLE, FL 32202	Name: Harry R. Trevett Street Address (P.O. Box Number is Not Acceptable): 1325 Atlantic Avenue City: Fernandina Beach FL Zip Code: 32034

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: Harry R. Trevett Harry R. Trevett, Partner 04/30/05
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$294,000.00	

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 #	P98000071243	STREET ADDRESS	
NAME	APARTMENT HOMES OF AMELIA, INC.	CITY-ST-ZIP	
STREET ADDRESS	1325 ATLANTIC AVENUE		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	100055915231
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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: Harry R. Trevett, Partner 04/30/05 904-261-2235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #