## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## FILED Apr 26, 2004 08:00 AM Secretary of State

DOCUMENT # B0000000372						Secretary of State			
SPRING LAKE VILLAGE APARTMENTS OF ST. PETERSBURG, LTD.									
Principal Place of B	usiness	Mailing Address	<del></del>		1				
3301 WEST END AVENUE, SUITE 200 3301 WEST END AVE NASHVILLE, TN 3720				200					
2. Principal Place o	! Business	3. Mailing Address	. Mailing Address						
C. do. And H. d.		0.5. 45. 3.4.	China Ant Mark		# /## ((#C FB.1) #	\$10 ap((( \$216 ash) as	110 美型計 多多計 多多洋色	15521   東京1首 55 55 2012 年4 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03192004	Chg-LP	CR2E003	(10/03)	
City & State		City & State			4. FEI Number 62-1838			Applied For Not Applicable	
Zip	Country	Zip	Country	4	5. Certificate o	d Status Desired		.75 Additional Required	
6.	Name and Address of Cur	rent Registered Agent			7. Name and	Address of New !	Registered Age	nt	
CARTER, JOHN	CARTER SOUN				Name				
3105 BAY OAKS COURT TAMPA, FL 33629				Street Address (P.O. Box Number is Not Acceptable)					
			-	City Zip Code			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office					and accept or hoth	In the State of E	;	•	
the obligations of	registered agent.	ur so, are borbose or cristificial i	its redistered	onice or register	ed agers, or both	i, in the State of Fi	onda. I am tam	illar with, and accept	
SIGNATURE Signatur	re, typed or printed name of registered	agent and sile it applicable.					DATE		
Capital Contribut     as Shown on rec-		10. Amount of Cap in FLORIDA to		tions	Ė				
N	A GENERAL PARTNE	R THAT IS A BUSINESS E MAY NOT be changed on	NTITY MU:	ST BE REGIST	TERED AND A	CTIVE WITH TH	ilS OFFICE.	>r	
12.		TNER INFORMATION	13.			ADDRESS CH		···	
3				STREET ADDRESS					
3 1	3301 WEST END AVENUE, SUITE 200 NASHVILLE, TN 37203		CHY-SI	-ST-ZIP					
DOCUMENT # NAME			STREET	ADDRESS					
STREET ADDRESS CITY+ST-ZIP			CITY-SI	1-ZIP					
DOCUMENT / NAME			Street	ADDRESS		U0000 05/03/04	0145916 -20045-0	U0 256 52	
STREET ADDRESS CITY-ST-ZIP			CITY-SI	i - ZiP		007 007 0 7			
BOCUMENT / NAME			SIREEI	ADORESS					
STREET ADDRESS CRTY+ST-ZIP			ÇETY-SI	1-2IP					
DOCUMENT# NAME			STREET	ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-SI	T- Z:P					
BOCUMENT # NAME			STREET	ADORESS					
STREET ADDRESS CITY- ST- ZIP			CHY-SI						
14. I hereby certify t indicated on this the receiver or to	hat the information supplied report is true and accurate ustee empowered to execut	with this filing does not qualify is and that my signature shall have e this report as required by Cha	for the exemp e the same is apter 620, Flo	otion stated in Se egal elfect as if m orida Statutes	ction 119.07(3)(i), ade under oath, i	Florida Statutes. hat I am a Genera	I further certify al Partner of the	that the information limited partnership or	