


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # B04000000420 1. Entity Name HYPERION APARTMENTS I LIMITED PARTNERSHIP	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 18 AM 9:40

Principal Place of Business C/O SENTINEL REAL ESTATE CORPORATION 1251 AVE. OF THE AMERICAS, 35TH FLOOR NEW YORK NY 10020	Mailing Address C/O SENTINEL REAL ESTATE CORPORATION 1251 AVE. OF THE AMERICAS, 35TH FLOOR NEW YORK NY 10020
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

Handwritten initials



1ST MOORE CR2E003 (10/04)

4. FEI Number 74-2781583	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301	
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. \$3,700,000.00	10. Amount of Capital Contributions in FLORIDA to date. 3,700,000
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11. FILE NOW!!! Due by May 1, 2005
 See Block 11 instructions for fee info.

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 #	F04000005597	STREET ADDRESS	
NAME	HYPERION APARTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS, 35TH FLOOR		
CITY-ST-ZIP	NEW YORK NY 10020		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			

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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.

By: *Hyperion Apartments, Inc., as general partner*

SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date: 2/16/05 Daytime Phone #: 212-408-5000
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