

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

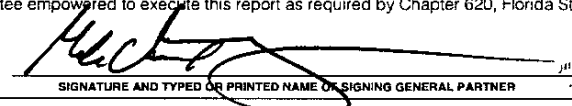
2005 MAY -6 PM 12: 54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # B97000000051 1. Entity Name ARCHON RESIDENTIAL MANAGEMENT, L.P.					
Principal Place of Business 600 LAS COLINAS BLVD., SUITE 400 IRVING, TX 75039			Mailing Address 600 LAS COLINAS BLVD., SUITE 400 IRVING, TX 75039		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		02112005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 75-2687822	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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. \$500,000.00			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 #	F97000000500		STREET ADDRESS		
NAME	ARCHON RESIDENTIAL MANAGEMENT GEN-PAR, INC		CITY-ST-ZIP		
STREET ADDRESS	600 LAS COLINAS BLVD., SUITE 400				
CITY-ST-ZIP	IRVING, TX 75039				
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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:  Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE