2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 24 AM 9:13

DOCUMENT # B97000000452

1. Entity Name
AP-SOUTHEAST REALTY LP

Principal Place of Business	Mailing Address
C/O PARTHENON REALTY, LLC 11700 GREAT OAKS WAY, SUITE 340 ALPHARETTA, GA 30022	C/O PARTHENON REALTY, LLC 11700 GREAT OAKS WAY, SUITE 340 ALPHARETTA, GA 30022

07082005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	11700 Great Oaks Way Suite, Apt. #, etc #200
City & State	City & State Alpharetta, GA
Zip / Country	Zip 30022 / Country

4. FEI Number 65-0674892 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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.	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
$43,000,000.00	$43,000,000	

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 # NAME STREET ADDRESS CITY ST ZIP	M98000000333 CRT-GP, LLC 11700 GREAT OAKS WAY, STE 340 ALPHARETTA, GA 30022	STREET ADDRESS CITY-ST-ZIP	11700 Great Oaks Way #200 Alpharetta, GA 30022
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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.

SIGNATURE: _____ 7/20 678 746-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Received Time Jul 8 6:26PM