


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

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

DOCUMENT # B98000000155	
1. Entity Name GARRETT SQUARE APARTMENTS LIMITED PARTNERSHIP	

Principal Place of Business 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Mailing Address P.O. BOX 608 SMITHFIELD NC 27577
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
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4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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.

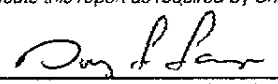
9. Capital Contributions as Shown on record. \$800,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. **\$526.25**
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 #	F98000001436	STREET ADDRESS	
NAME	THE LAMPE COMPANY, INCORPORATED	CITY-ST-ZIP	
STREET ADDRESS	235 EAST MARKET STREET		
CITY-ST-ZIP	SMITHFIELD NC 27577		
DOCUMENT #	B98000000154	STREET ADDRESS	000000145313
NAME	LAMPE ENTERPRISES 1995 LIMITED PARTNERSHIP	CITY-ST-ZIP	05/03/04-80020-001 526.25
STREET ADDRESS	235 EAST MARKET STREET		
CITY-ST-ZIP	SMITHFIELD NC 27577		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
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:  **4-20-04** **919-934-3041**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER