



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # B98000000336 1. Entity Name CRAWFORD ARBOUR APARTMENTS LIMITED PARTNERSHIP					
Principal Place of Business 16835 KERCHEVAL GROSSE POINTE, MI 48230			Mailing Address 16835 KERCHEVAL GROSSE POINTE, MI 48230		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
4. FEI Number 75-2766036			Applied For <input type="checkbox"/> Not Applicable		
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$20,000,001.00		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 #	F00000005687		STREET ADDRESS		
NAME	CRAWFORD ARBOUR APARTMENTS GP, INC.		CITY - ST - ZIP		
STREET ADDRESS	16835 KERCHEVAL		STREET ADDRESS		
CITY - ST - ZIP	GROSSE POINTE, MI 48230		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS	U00000094832	
NAME			CITY - ST - ZIP	03/24/04-80006-014 526.25	
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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: 			3-9-04 313-343-8400		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE