


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90068 032 ***150.00

DOCUMENT # P03000103704	
1. Entity Name COURTNEY MEADOWS APARTMENTS GP, INC.	

Principal Place of Business 5115 NW 17TH TERR 39A FT LAUDERDALE, FL 33309	Mailing Address 5115 NW 17TH TERR 39A FT LAUDERDALE, FL 33309
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2. Principal Place of Business 7820 BAYMEADOWS RD E. Suite, Apt. #, etc.	3. Mailing Address 11497 COLUMBIA PK DR. W. STE. #7
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City & State JACKSONVILLE, FL	City & State JACKSONVILLE FL
Zip 32256	Country USA
Zip 32258	Country USA



08292005 Chg-P CR2E034 (10/03)

4. FEI Number 02-0707698	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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6. Name and Address of Current Registered Agent PAPAGEORE, SPYROS 5115 NW 17TH TERR 39A FT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent Name PAPAGEORE, SPYROS Street Address (P.O. Box Number is Not Acceptable) 11497 COLUMBIA PK DRIVE W. STE. #7 City JACKSONVILLE FL Zip Code 32258

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPAGEORE, SPYROS 5115 NW 17TH TERR 39A FT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPAGEORE, MELANIE 5115 NW 17TH TERR 39A FT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11497 COLUMBIA PK DRIVE W. #7 JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11497 COLUMBIA PK DRIVE W. #7 JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SPYROS PAPAGEORE 9-6-05 954 741-6440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #