2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A01721

1. Entity Name
ATLANTIC ARMS EAST APARTMENTS, LTD.

Principal Place of Business	Mailing Address
4000 B ST. JOHNS AVE. #22 JACKSONVILLE, FL 32205	4000 B ST. JOHNS AVE. #22 JACKSONVILLE, FL 32205

01202005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
56-1000603
☐ 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
WALTON, W. H. , JR. 4000 B ST. JOHNS AVE. #22 JACKSONVILLE, FL 32205	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.
$153,144.02	

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 #		STREET ADDRESS	
NAME	WALTON,JR., WILLIAM H	CITY ST ZIP	
STREET ADDRESS	4000 B ST. JOHNS AVE.		
CITY ST ZIP	JACKSONVILLE, FL 32205		
DOCUMENT #		STREET ADDRESS	
NAME	WEED,JR., JOSEPH D.	CITY ST ZIP	U00000346133
STREET ADDRESS	4000 B ST. JOHNS AVE.		04/30/05-80063-018 526.25
CITY ST ZIP	JACKSONVILLE, FL 32205		
DOCUMENT #	499955	STREET ADDRESS	
NAME	FLAGSHIP PROPERTY MANAGEMENT, INC.	CITY ST ZIP	
STREET ADDRESS	4000 B ST. JOHNS AVE.		
CITY ST ZIP	JACKSONVILLE, FL 32205		
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
STREET ADDRESS			
CITY ST ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
STREET ADDRESS			
CITY ST ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
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: W.H. Walton Jr. 4-21-05 904-388-2225
SIGNATURE AND TITLE OF AUTHORIZED GENERAL PARTNER — Date — Daytime Phone #