


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
May 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # A01721
1. Entity Name
ATLANTIC ARMS EAST APARTMENTS, LTD.



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

Mailing Address
4000 B ST. JOHNS AVE.
#22
JACKSONVILLE, FL 32205



04262006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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
WALTON, W. H., JR.
4000 B ST. JOHNS AVE.
#22
JACKSONVILLE, FL 32205

**DO NOT WRITE
IN THIS SPACE**

6. 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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	WALTON, JR., WILLIAM H. 4000 B ST. JOHNS AVE. JACKSONVILLE, FL 32205
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	WEED, JR., JOSEPH D. 4000 B ST. JOHNS AVE. JACKSONVILLE, FL 32205
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	499955 FLAGSHIP PROPERTY MANAGEMENT, INC. 4000 B ST. JOHNS AVE. JACKSONVILLE, FL 32205
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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05/18/06-800002-014 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. 4/28/06 904-388-2225
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED GENERAL PARTNER Date Daytime Phone #