


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A00000000447</b> 1. Entity Name <b>SUMMERWOODS OF NASSAU COUNTY, LTD.</b>	
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Principal Place of Business <b>6215 WILSON BLVD. JACKSONVILLE, FL 32210</b>	Mailing Address <b>P.O. BOX 7779 JACKSONVILLE, FL 32238</b>
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**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>59-3641995</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>STONEBURNER, GRESHAM 841 PRUDENTIAL DRIVE, STE. 1400 JACKSONVILLE, FL 32207</b>
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**DO NOT WRITE IN THIS SPACE**

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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 #	<b>L04000082135</b>
NAME	<b>ELK, LLC</b>
STREET ADDRESS	<b>P.O. BOX 7779</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32238</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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05/21/07-80032-001-500.00

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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**Date**

**Daytime Phone #**

*William B. Towers, Jr.* **4-25-07** **904-778-1888**

STAPLE CHECK HERE