

2005-LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 27 AM 10: 09

DOCUMENT # A01608

1. Entity Name
MELLON MANOR APARTMENTS, LTD.



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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

01242005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
59-1382667

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CRAVEY, JERRY R.
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

Signature typed or printed name of registered agent and use if applicable

DATE

9. Capital Contributions as Shown on record \$44,347.50

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 #
NAME
STREET ADDRESS
CITY-STATE-ZIP
WALTON, WILLIAM H., JR.
3811 MCGIRTS BLVD.
JACKSONVILLE, FL

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP
WEED, JOSEPH D., JR.
4334 MCGIRTS BLVD.
JACKSONVILLE, FL

STREET ADDRESS

CITY-STATE-ZIP

000056302230
06/17/05-01040-012 ***399.19

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP
SPALDING, WILLIAM T.
P.O. DRAWER 1068 N/A
PALATKA, FL

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP
MCNAB, DONALD
1911 LAUREL ST.
PALATKA, FL

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

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 reflected 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. Watter Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

42105 904-388-2225
Date Daytime Phone #

STAPLE CHECK HERE