

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 26, 2004 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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

56-1000603

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

**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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$153,144.02**

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 - ST - ZIP
**WALTON, JR., WILLIAM H.
4000 B ST. JOHNS AVE.
JACKSONVILLE, FL 32205**

STREET ADDRESS

CITY - ST - ZIP

**U00000104281
04/06/04-00003-007 525.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**WEED, JR., JOSEPH D.
4000 B ST. JOHNS AVE.
JACKSONVILLE, FL 32205**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**499955
FLAGSHIP PROPERTY MANAGEMENT, INC.
4000 B ST. JOHNS AVE.
JACKSONVILLE, FL 32205**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

3-19-04

904/388-2225

STAPLE CHECK HERE