


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.	
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Principal Place of Business 4000 B ST. JOHNS AVE. #22 JACKSONVILLE, FL 32205	Mailing Address 4000 B ST. JOHNS AVE. #22 JACKSONVILLE, FL 32205
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04262006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1000603	Applied For Not Applicable
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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**

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

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
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

000000555520
05/18/06-800012-014 500.00

**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.
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED GENERAL PARTNER

4/28/06

904-388-2225

Date

Daytime Phone