

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 30, 2007 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**



04242007 No Chg-LP

CR2E003 (12/06)

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**

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, 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 #
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 #
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**DO NOT WRITE
IN THIS SPACE**

U00000747780
05/17/07-80039-019 500.00

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/07

Date

904-388-2225

Daytime Phone #

STAPLE CHECK HERE