

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A01721

FILED
Mar 31, 2009
Secretary of State

Entity Name: ATLANTIC ARMS EAST APARTMENTS, LTD.

Current Principal Place of Business:

4000 B ST. JOHNS AVE.
#22
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

4000 B ST. JOHNS AVE.
#22
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 56-1000603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTON, W. H. , JR.
4000 B ST. JOHNS AVE.
#22
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #:

Name: WALTON, ALONZO D
Address: 4000 B ST. JOHNS AVE.
City-St-Zip: JACKSONVILLE, FL 32205
Document #:

Name: WEED, JOSEPH D III
Address: 4000 B ST. JOHNS AVE.
City-St-Zip: JACKSONVILLE, FL 32205
Document #: 499955

Name: FLAGSHIP PROPERTY MANAGEMENT, INC.
Address: 4000 B ST. JOHNS AVE.
City-St-Zip: JACKSONVILLE, FL 32205

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALONZO WALTON

MGMR

03/31/2009

Electronic Signature of Signing General Partner

Date