

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED
PARTNERSHIP
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # A01721

1. Name of Limited Partnership

Atlantic Arms East Apartments, LTD.

2. Principal Office Address - No P.O. Box #

4000B St Johns Ave

Suite, Apt. #, etc.

St 22

City & State

Jacksonville, FL

Zip

32205

Country

USA

3. Mailing Office Address

4000B St Johns Ave

Suite, Apt. #, etc.

St 22

City & State

Jacksonville, FL

Zip

32205

Country

USA

8. Name and Address of Current Registered Agent

Name

Alonzo D. Walton

Street Address (P.O. Box Number is Not Acceptable)

4000B St Johns Ave

Suite, Apt. #, Etc.

St 22

City

Jacksonville

FL

Zip Code

32205

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment)

Alonzo Walton

(REGISTERED AGENT MUST SIGN)

DATE

8-17-11

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Alonzo D. Walton	4000B St Johns Ave, 22	Jacksonville, FL 32205	
Joseph D. Weed	4000B St Johns Ave, St 22	Jacksonville, FL 32205	
			JB 300211322433 08/22/11--01043--025 **2000.00
REINSTATEMENT 2010-11			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE

Alonzo Walton

DATE

8-17-11

Typed or Printed Name of General Partner Signing Form

Alonzo D. Walton

Telephone Number

904-388-2225

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CR2E039 (1/11)

4. Date Formed or Registered
To Do Business in Florida

12/27/1991

5. FEI Number

561000603

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records.

E-mail Address:

agabree@bmlrproperties.com

E-Mail address to be used for future annual report notices.