

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A01721

**FILED**  
**Apr 24, 2012**  
**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, ALONZO D  
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

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

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

Address:  
City-St-Zip:

I hereby 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

\_\_\_\_\_  
Electronic Signature of Signing General Partner

04/24/2012

\_\_\_\_\_  
Date