

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -1 AM 9:00

DOCUMENT # A01722			
1. Entity Name MARKET/OAK APARTMENTS, LTD.			
Principal Place of Business 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE, FL 32205		Mailing Address 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE, FL 32205	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1382666		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAVEY, JERRY R. 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE, FL 32205		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____			
9. Capital Contributions as Shown on record. \$20,710.00		10. Amount of Capital Contributions in FLORIDA to date.	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	WALTON, WILLIAM H.	CITY-ST-ZIP	
STREET ADDRESS	3811 MCGIRTS BLVD.		
CITY-ST-ZIP	JACKSONVILLE, FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	WEED, JOSEPH D., JR.	CITY-ST-ZIP	
STREET ADDRESS	4334 MCGIRTS BLVD.		
CITY-ST-ZIP	JACKSONVILLE, FL		
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STREET ADDRESS			
CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information provided 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: <u>W. H. Walton Jr.</u>		4-21-05 904-388-2225	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	

STAPLE CHECK HERE