

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**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**



04272006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1382666</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**CRAVEY, JERRY R.  
4000 B ST. JOHNS AVE.  
STE 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 date if applicable

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

1100000554736  
05/16/06-200017-003 500.00

**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

**WALTON, WILLIAM H.**

STREET ADDRESS

**3811 MCGIRTS BLVD.**

CITY - ST - ZIP

**JACKSONVILLE, FL**

DOCUMENT #

NAME

**WEED, JOSEPH D., JR.**

STREET ADDRESS

**4334 MCGIRTS BLVD.**

CITY - ST - ZIP

**JACKSONVILLE, FL**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*W.H. Walton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4/28/06*  
Date

Daytime Phone #

STAPLE CHECK HERE