


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01910</b> 1. Entity Name ORTEGA ARMS APARTMENTS, LTD.	
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Principal Place of Business POST OFFICE BOX 47050 3740 BEACH BLVD JACKSONVILLE, FL 32247	Mailing Address POST OFFICE BOX 47050 3740 BEACH BLVD JACKSONVILLE, FL 32247
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01062005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-1459622	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEMETREE, JACK C. 3740 BEACH BLVD. SUITE 300 JACKSONVILLE, FL 32207		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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9. Capital Contributions as Shown on record. \$270,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	L99000009339	STREET ADDRESS	02/19/05-80017-013 535.00
NAME	JCD ORTEGA ARMS, L.L.C.	CITY - ST - ZIP	
STREET ADDRESS	3740 BEACH BLVD., SUITE 300		
CITY - ST - ZIP	JACKSONVILLE, FL 32207		
DOCUMENT #	L99000009338	STREET ADDRESS	
NAME	WCD ORTEGA ARMS, L.L.C.	CITY - ST - ZIP	
STREET ADDRESS	3348 EDGEWATER DRIVE		
CITY - ST - ZIP	ORLANDO, FL 32804		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
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 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:  Jack C. Demetree, General Partner	01-14-05 (904)398-7350
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone #</small>

JCD Ortega Arms, LLC

STAPLE CHECK HERE