

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # A01910

1. Entity Name
ORTEGA ARMS APARTMENTS, LTD.



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**



01092007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1459622

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEMETREE, JACK C.
3740 BEACH BLVD.
SUITE 300
JACKSONVILLE, FL 32207**

**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 title if applicable

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 # **L99000009339**
NAME **JCD ORTEGA ARMS, L.L.C.**
STREET ADDRESS **3740 BEACH BLVD., SUITE 300**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

DOCUMENT # **L99000009338**
NAME **WCD ORTEGA ARMS, L.L.C.**
STREET ADDRESS **3348 EDGEWATER DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32804**

DOCUMENT #
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U00000641624
03/01/07-80007-010 508.75

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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: *Jack C. Demetree*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/1/07

Date

904-398-7350

Daytime Phone #