


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 14 AM 8:33

DOCUMENT # A01910 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 - No P.O. Box # 1551 ATLANTIC BLVD Suite, Apt. #, etc. SUITE 300	3. Mailing Address P O BOX 47050 Suite, Apt. #, etc.
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City & State JACKSONVILLE, FL Zip 32207	City & State JACKSONVILLE, FL Zip 32247-7050
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01072008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-1459622	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEMETREE, JACK C. 3740 BEACH BLVD. SUITE 300 JACKSONVILLE, FL 32207	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1551 ATLANTIC BLVD., SUITE 300 City JACKSONVILLE, FL Zip Code 32207	
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L99000009339	STREET ADDRESS	1551 ATLANTIC BLVD., SUITE 300
NAME	JCD ORTEGA ARMS, L.L.C.	CITY-ST-ZIP	JACKSONVILLE, FL 32207
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			

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 03/06/08--01013--025 **509.75

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

STAPLE CHECK HERE