

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02004</b> 1. Entity Name SOUTHSIDE APARTMENTS LIMITED					
Principal Place of Business 4000 B ST. JOHNS AVE. #22 JACKSONVILLE, FL 32205			Mailing Address 4000 B ST. JOHNS AVE. #22 JACKSONVILLE, FL 32205		
2. Principal Place of Business Suite, Apt #, etc. City & State Zip Country			3. Mailing Address Suite, Apt #, etc. City & State Zip Country		
4. FEI Number <b>59-1425201</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$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 <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$175,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	WALTON, WILLIAM H., JR.		CITY-ST-ZIP		
STREET ADDRESS	3811 MCGIRTS BLVD.				
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	WEED, JOSEPH D., JR.		CITY-ST-ZIP		
STREET ADDRESS	4334 MCGIRTS BLVD.				
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	WWCA, INC.		CITY-ST-ZIP		
STREET ADDRESS	1199 EDGEWOOD AVE. SO.				
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP			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: <i>W. H. Walton Jr.</i>			Date: <i>3-19-04</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #: <i>904-388-2225</i>		



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