

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02004

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

FILED

03 FEB 19 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1425201		Applied For 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 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
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$175,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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
STREET ADDRESS
CITY-ST-ZIP
WALTON, WILLIAM H., JR.
3811 MCGIRTS BLVD.
JACKSONVILLE FL

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
WEED, JOSEPH D., JR.
4334 MCGIRTS BLVD.
JACKSONVILLE FL

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
CONRAD, JOSEPH E.
7377 HALLCREST DR.
MCLEAN VA

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
379127
WWCA, INC.
1199 EDGEWOOD AVE. SO.
JACKSONVILLE FL

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
600012790786
02/19/03--01051--021 **526.25

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

02/19/03

Date

904-398-2225

Daytime Phone #

CR2E003 (10/02)