

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A03039 1. Entity Name SPRINGFIELD RESIDENTIAL ONE LIMITED					
Principal Place of Business 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE, FL 32205			Mailing Address 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE, FL 32205		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02242004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 59-1425197	
5. Certificate of Status Desired <input type="checkbox"/>		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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </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. \$125,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 # NAME STREET ADDRESS CITY-ST-ZIP	WALTON, WILLIAM H., JR. 3811 MCGIRTS BLVD. JACKSONVILLE, FL		STREET ADDRESS CITY-ST-ZIP	UNLDD1104279 04/06/04-80003-005 526.25	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	WEED, JOSEPH D., JR. 4334 MCGIRTS BLVD. JACKSONVILLE, FL		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	379127 WALTON WEED CONRAD & ASS 1199 EDGEWOOD AVE SO JACKSONVILLE, FL		STREET ADDRESS CITY-ST-ZIP		
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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:			3-19-04 904/388-2225		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE