2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A03039

1. Entity Name
SPRINGFIELD RESIDENTIAL ONE LIMITED

Principal Place of Business	Mailing Address
4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE, FL 32205	4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE, FL 32205

01202005 Chg-LP CR2E003 (10/03)

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 59-1425197 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRAVEY, JERRY R. 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE, FL 32205	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable

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 #		STREET ADDRESS	
NAME	WALTON, WILLIAM H., JR.	CITY ST ZIP	
STREET ADDRESS	3811 MCGIRTS BLVD.		
CITY ST ZIP	JACKSONVILLE, FL		
DOCUMENT #		STREET ADDRESS	
NAME	WEED, JOSEPH D., JR.	CITY ST ZIP	
STREET ADDRESS	4334 MCGIRTS BLVD.		
CITY ST ZIP	JACKSONVILLE, FL		
DOCUMENT #	379127	STREET ADDRESS	
NAME	WALTON WEED CONRAD & ASS	CITY ST ZIP	U00000346127 04/30/05-80063-015 526.25
STREET ADDRESS	1199 EDGEWOOD AVE SO		
CITY ST ZIP	JACKSONVILLE, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
STREET ADDRESS			
CITY ST ZIP			
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NAME		CITY ST ZIP	
STREET ADDRESS			
CITY ST ZIP			

STAPLE CHECK HERE

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: Jed H. Walton, Jr. 4-21-05 904-388-2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #