

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP •
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV 18 AM 10:19



1. Name of Limited Partnership	1a. DOCUMENT #
MONCRIEF VILLAGE APARTMENTS LIMITED	

Mailing Address 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE FL 32205	Principal Office Address 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE FL 32205	3. Date Formed or Registered 11/21/1972	5a. Capital Contributions as Shown on record \$197,199.98
2. Mailing Address	2a. Principal Office Address	3a. 12/11/1995 Report	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. 59-1425200	☐ Applied For ☐ Not Applicable
Zip	Country	7. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent CRAVEY, JERRY R. 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE FL 32205	10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) WALTON, WILLIAM H., JR. WEED, JOSEPH D., JR. CONRAD, JOSEPH E.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3811 MCGIRTS BLVD. 4334 MCGIRTS BLVD. 7377 HALLCREST DRIVE	11b. City, State & Zip Code JACKSONVILLE FL JACKSONVILLE FL MCLEAN VA	11c. Registration/ Document Number 600002018196-16 -12/03/95-01122-022 ***576.25 ***576.25
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number