

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A03268 1. Entity Name MONCRIEF VILLAGE APARTMENTS 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1425200	
Zip		Country		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 William H. Walton Jr Street Address (P.O. Box Number is Not Acceptable) 4000 B St Johns Ave. Suite 22 City Jacksonville FL Zip Code 32205	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and type if applicable</small>				DATE 04/26/07	
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00					
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	
NAME	WALTON, WILLIAM H., JR.			CITY- ST- ZIP	
STREET ADDRESS	3811 MCGIRTS BLVD.				
CITY- ST- ZIP	JACKSONVILLE, FL				
DOCUMENT #	NAME			STREET ADDRESS	
NAME	WEED, JOSEPH D., JR.			CITY- ST- ZIP	
STREET ADDRESS	4334 MCGIRTS BLVD.				
CITY- ST- ZIP	JACKSONVILLE, FL				
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STREET ADDRESS					
CITY- ST- ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Date 4/26/07 Daytime Phone # 904-388-2005	

STAPLE CHECK HERE