2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A03268

MONCRIEF VILLAGE APARTMENTS LIMITED



Principal Place of Business

4000 B ST. JOHNS AVE. **STE 22**

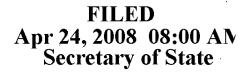
JACKSONVILLE, FL 32205

Mailing Address

4000 B ST. JOHNS AVE.

STE 22

JACKSONVILLE, FL 32205





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04172008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-1425200 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALTON, WILLIAM H JR 4000 B ST. JOHNS AVE. **STE 22**

JACKSONVILLE, FL 32205

DO	TON	WRITE
IN	THIS	SPACE

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

<u> Unnonna 19056</u> /13/08-99**105**-005-500.09

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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.

t	12.	GENERAL PARTNER INFORMATION			
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL L07000107281 PARTNERSHIP MANAGER, L.L.C.			2, , .
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DO NOT WRITE IN THIS SPACE

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:

W. N. 205

SIGNING GENERAL PARTNER

Date

Davime Poone