

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 24, 2008 08:00 AM
Secretary of State

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**



04172008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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 NOT 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

000000919056
05/13/08 00:00 005 500.00

**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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #

NAME
WALTON, WILLIAM H., JR.
STREET ADDRESS
3811 MCGIRTS BLVD.
CITY-ST-ZIP
JACKSONVILLE, FL

DOCUMENT #

NAME
L07000107281
STREET ADDRESS
PARTNERSHIP MANAGER, L.L.C.
CITY-ST-ZIP
**4000-B ST. JOHN'S AVENUE, SUITE 22
JACKSONVILLE, FL 32205**

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #

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DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

**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. H. Walton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE