

# 2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03268

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** MONCRIEF VILLAGE APARTMENTS LIMITED

**Current Principal Place of Business:**

4000 B ST. JOHNS AVE.  
STE 22  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

4000 B ST. JOHNS AVE.  
STE 22  
JACKSONVILLE, FL 32205

**New Mailing Address:**

FEI Number: 59-1425200

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALTON, ALONZO D  
4000 B ST. JOHNS AVE.  
STE 22  
JACKSONVILLE, FL 32205 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: WALTON, WILLIAM H.,JR.  
Address: 3811 MCGIRTS BLVD.  
City-St-Zip: JACKSONVILLE, FL

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #: L07000107281

Name: PARTNERSHIP MANAGER, L.L.C.  
Address: 4000-B ST. JOHN'S AVENUE, SUITE 22  
City-St-Zip: JACKSONVILLE, FL 32205

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ALONZO WALTON

GP

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date