

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 26 AM 8:33

**DOCUMENT # A03403**

1. Entity Name  
**LELAND 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

**59-1443281**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRAVEY, JERRY R.  
4000 B ST. JOHNS AVE.  
STE 22  
JACKSONVILLE, FL 32205**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

DATE

9. Capital Contributions  
as Shown on record. **\$20,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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  
CITY-ST-ZIP  
**WALTON, WILLIAM H., JR.  
3811 MCGIRTS BLVD.  
JACKSONVILLE, FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WEED, JOSEPH D., JR.  
4334 MCGIRTS BLVD.  
JACKSONVILLE, FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**379127  
WCCA, INC.  
1199 EDGEWOOD AVE SO.  
JACKSONVILLE, FL**

STREET ADDRESS

CITY-ST-ZIP

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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 exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3-19-04

904-388-2225

STAPLE CHECK HERE