

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # A03882

1. Entity Name
MAGNOLIA TERRACE APARTMENTS, LTD.



Principal Place of Business
**509 E MAGNOLIA DRIVE
TALLAHASSEE, FL 32301**

Mailing Address
**105 TALLAPOOSA STREET
SUITE 300
MONTGOMERY, AL 36104**

FILED
Aug 27, 2008 08:00 AM
Secretary of State



07092008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0491495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COX, C. GARY
7485 HEARTLAND CIRCLE
TALLAHASSEE, FL 32312**

**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.

DATE

**FILE NOW!!! FEE IS \$500.00
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 # **F02000005361**
NAME **SUMMIT AMERICA PROPERTIES, INC.**
STREET ADDRESS **105 TALLAPOOSA STREET, SUITE 300**
CITY-ST-ZIP **MONTGOMERY, AL 36104**

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U000000958459
08/27/08-80004-002 500.00

**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:

Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Scott Crossfield CFO

8-22-08

334-954-4456

Date Daytime Phone #