

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A07000000548

**FILED**  
**Mar 20, 2009**  
**Secretary of State**

**Entity Name:** APOPKA TAYLOR APARTMENTS, LTD.

**Current Principal Place of Business:**

5637 LA GORCE DRIVE  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

5637 LA GORCE DRIVE  
MIAMI BEACH, FL 33140

**New Mailing Address:**

C/O PCMG  
PO BOX 60195  
FORT MYERS, FL 33906

**FEI Number:** 45-0556842

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARCUS, MARIA P  
5637 LA GORCE DRIVE  
MIAMI BEACH, FL 33140 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 #: P07000041616  
Name: APOPKA TAYLOR GP, INC.  
Address: 5637 LA GORCE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140

Document #: 758826  
Name: THE CENTER FOR AFFODABLE HOUSING INC.  
Address: 2524 S. PARK DRIVE  
City-St-Zip: SANFORD, FL 32773

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KIMBERLYANN HOLBROOK

ASST

03/20/2009

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

\_\_\_\_\_  
Date