



**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 MAR 10 AM 10:49

DOCUMENT # A07195	
1. Entity Name STONEWOOD APARTMENTS, LTD.	

Principal Place of Business 880 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176	Mailing Address 880 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176
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2. Principal Place of Business 1901 MASON AVENUE	3. Mailing Address 1901 MASON AVENUE
Suite, Apt. #, etc. SUITE 107	Suite, Apt. #, etc. SUITE 107
City & State DAYTONA BEACH, FL	City & State DAYTONA BEACH, FL
Zip 32117	Country USA

	
02282006	Chg-LP CR2E003 (11/05)
4. FEI Number 59-1923106	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  STONEWOOD OF DUVAL COUNTY, INC. 880 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176
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7. Name and Address of New Registered Agent Name 901 Street Address (P.O. Box Number is Not Acceptable) 1901 MASON AVE Suite 107 City DAYTONA BEACH FL Zip Code 32117
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	S62719 STONEWOOD OF DUVAL COUNTY, INC. 880 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176	STREET ADDRESS CITY-ST-ZIP	1901 MASON AVENUE, SUITE 107 DAYTONA BEACH, FL 32117
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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: \*  2-28-06