

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 MAY 28 AM 11:16

DOCUMENT # A09897

1. Entity Name
 STARKE APARTMENTS, LTD.



Principal Place of Business
 4315 PABLO OAKS COURT, SUITE 1
 JACKSONVILLE, FL 32224-9667

Mailing Address
 4315 PABLO OAKS COURT, SUITE 1
 JACKSONVILLE, FL 32224-9667

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1002 W. 23rd Street
 Suite 400

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Panama City, FL

Zip

Country

Zip

Country

32405

U.S.A.

04082008

Chg-LP

CR2E003 (12/06)

4. FEI Number
 59-2233553

Applied For
 Not Applicable

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

HARDIN, JENNIFER L
 4315 PABLO OAKS COURT, SUITE 1
 JACKSONVILLE, FL 32224-9667

Name
 Lauretta J. Pippin

Street Address (P.O. Box Number is Not Acceptable)
 1002 W. 23rd Street, Suite 400

City Panama City

FL

Zip Code
 32405

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

Lauretta J. Pippin

Lauretta J. Pippin

4/10/08

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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
 STOKES, E CHESTER JR
 4315 PABLO OAKS CT., SUITE 1
 JACKSONVILLE, FL 322249667

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TERWILLEGAR, CECILIA
 4315 PABLO OAKS CT., SUITE 1
 JACKSONVILLE, FL 322249667

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

300130678453
 06/03/08--01021--008 **500.00

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:

Lauretta J. Pippin

Lauretta J. Pippin, Secretary

4/10/08

Attorney-in Fact

(850) 769-8981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE