


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -1 AM 10:42

<b>DOCUMENT #A10088</b> 1. Entity Name HAVENWOOD GARDENS, LTD.		
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Principal Place of Business 460 HARRISON AVE. PANAMA CITY, FL 32401	Mailing Address C/O FLORIDA MANAGEMENT ASSOCIATES P.O. DRAWER 610 MONTICELLO, FL 32344-0610
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04232008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-2127434		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FAIRCLOTH, CHARLES E. 460 HARRISON AVE. PANAMA CITY, FL 32401		7. Name and Address of New Registered Agent Name <u>W.C. Grimsley, Jr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>7911 Thomas Dr.</u> City <u>Panama City Beach</u> FL <u>32408</u>

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 W.C. Grimsley Jr. DATE 4/28/08

**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 #	S21646	STREET ADDRESS	
NAME	HAVENWOOD GARDEN APTS.CO	CITY-ST-ZIP	
STREET ADDRESS	460 HARRISON AVE.		
CITY-ST-ZIP	PANAMA CITY, FL 32401		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			

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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:

W.C. Grimsley Jr.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/08  
 Date

Daytime Phone #

STAPLE CHECK HERE