


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 MAY 28 AM 11:16

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| DOCUMENT # A10728 1. Entity Name SOUTHERN VILLAS OF MADISON, LTD. |  |
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| 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 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address 1002 W. 23rd Street Suite 400 |
| City & State | City & State Panama City, FL |
| Zip Country 32405 U.S.A. | |

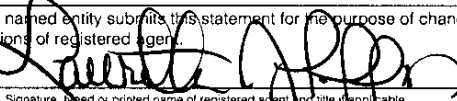


04082008 Chg-LP CR2E003 (12/06)

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| 4. FEI Number 59-2233544 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent HARDIN, JENNIFER L 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224-9667 | 7. Name and Address of New Registered Agent 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 |
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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  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 # | STOKES, E CHESTER JR | STREET ADDRESS | |
| NAME | 4315 PABLO OAKS COURT, SUITE 1 | CITY - ST - ZIP | |
| STREET ADDRESS | JACKSONVILLE, FL 322249667 | | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
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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:  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