


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 AM 10:42

DOCUMENT #A11132 1. Entity Name SOUTHSIDE APARTMENTS OF MARIANNA, LTD.	
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Principal Place of Business P. O. BOX 610 MONTICELLO, FL 32345	Mailing Address P. O. BOX 610 MONTICELLO, FL 32345
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-2122383	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OLIVE, W. ROBERT 101 NORTH MONROE ST. SUITE 900 TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 <u>Wilton R. Miller</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>4/28/08</u>

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	
DOCUMENT #	
NAME	MILLER, WILTON R.
STREET ADDRESS	101 NORTH MONROE STREET, SUITE 900
CITY-ST-ZIP	TALLAHASSEE, FL 32301
DOCUMENT #	
NAME	OLIVE, W. ROBERT, JR
STREET ADDRESS	101 NORTH MONROE STREET, SUITE 900
CITY-ST-ZIP	TALLAHASSEE, FL 32301
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: <u>Wilton R. Miller</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	DATE <u>4/28/08</u> <small>Date Daytime Phone #</small>

STAPLE CHECK HERE