

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A11884

1. Entity Name
MEADOWFIELD APARTMENTS, LTD.



Principal Place of Business
**11635 NW 1ST AVENUE
GAINESVILLE, FL 32607**

Mailing Address
**11635 NW 1ST AVENUE
GAINESVILLE, FL 32607**

DO NOT WRITE IN THIS SPACE

FILED

07 APR 16 AM 8:05

BK

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01192007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-2281814

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CURTIS, JOHN M.
11635 N.W. 1ST AVENUE
GAINESVILLE, FL 32607**

BK

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**900101615049
05/04/07--01046--025 **508.75**

**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
STREET ADDRESS
CITY-ST-ZIP
**CURTIS, JOHN M
11635 NW 1ST AVENUE
GAINESVILLE, FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**CURTIS, GAIL W
11635 NW 1ST AVENUE
GAINESVILLE, FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

STAPLE CHECK HERE

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: _____

**John M. Curtis
General Partner**

03/23/07 352-332-0838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #