

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A14242

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** GOLDEN LEAF APARTMENTS, LTD.

**Current Principal Place of Business:**

121 WEST CLARK ST.  
QUINCY, FL 32351

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 610  
MONTICELLO, FL 32345

**New Mailing Address:**

**FEI Number:** 59-1805163

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILLIAMS PAUL GRAVES  
121 WEST CLARKE STREET  
QUINCY, FL 32351 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: WILLIAMS, PAUL GRAVES

Address: P.O. BOX 1080

City-St-Zip: QUINCY, FL 32351

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: PAUL GRAVES WILLIAMS

GP

02/23/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date