

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A14427
 1. Entity Name
 EUREKA GARDEN ASSOCIATES NO. 1 LIMITED PARTNERSHIP



Principal Place of Business
 4000 B ST. JOHNS AVE.
 STE 22
 JACKSONVILLE, FL 32205

Mailing Address
 4000 B ST. JOHNS AVE.
 STE 22
 JACKSONVILLE, FL 32205



2. Principal Place of Business

3. Mailing Address

Surety #, etc.

Surety #, etc.

01242005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
 59-2353559

Applied For
 No, Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CRAVEY, JERRY R.
 4000 B ST. JOHNS AVE.
 STE 22
 JACKSONVILLE, FL 32205

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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 _____ DATE _____

9. Capital Contributions as Shown on record \$1,475,162.00

10. Amount of Capital Contributions in FLORIDA to date.

DATE

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 #
 NAME: WALTON, WILLIAM H. JR.
 STREET ADDRESS: 3811 MCGIRTS BLVD.
 CITY, ST, ZIP: JACKSONVILLE, FL

STREET ADDRESS
 CITY, ST, ZIP

DOCUMENT #
 NAME: WEED, JOSEPH D. JR.
 STREET ADDRESS: 4334 MCGIRTS BLVD.
 CITY, ST, ZIP: JACKSONVILLE, FL

STREET ADDRESS
 CITY, ST, ZIP
 000000346142
 04/30/05-80063-021 526.25

DOCUMENT #
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STREET ADDRESS
 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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 trustee or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

STAPLE CHECK HERE

SIGNATURE: W. H. Walton Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-21-05 904-388-2225