
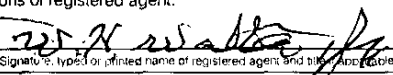



**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

FILED

2007 APR 30 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2353559
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
CRAVEY, JERRY R. 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE, FL 32205		Name William H. Walton Jr		
		Street Address (P.O. Box Number is Not Acceptable) 4000 B St Johns Ave		
		Suite Suite 22		
		City Jacksonville	FL	Zip Code 32205
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 4/26/07		
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 #	NAME	STREET ADDRESS		
NAME	WALTON, WILLIAM H. JR.	CITY-ST-ZIP		
STREET ADDRESS	3811 MCGIRTS BLVD.			
CITY-ST-ZIP	JACKSONVILLE, FL			
DOCUMENT #	NAME	STREET ADDRESS		
NAME	WEED, JOSEPH D. JR.	CITY-ST-ZIP		
STREET ADDRESS	4334 MCGIRTS BLVD.			
CITY-ST-ZIP	JACKSONVILLE, FL			
DOCUMENT #	NAME	STREET ADDRESS		
NAME		CITY-ST-ZIP		
STREET ADDRESS				
CITY-ST-ZIP				
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NAME		CITY-ST-ZIP		
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT #	NAME	STREET ADDRESS		
NAME		CITY-ST-ZIP		
STREET ADDRESS				
CITY-ST-ZIP				
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: 		DATE 4/26/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		DATE		
		Daytime Phone # 904-388-2225		

STAPLE CHECK HERE