

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 24, 2008 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
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04172008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2353559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
WALTON, WILLIAM N JR 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE, FL 32205	

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 _____ 1100000919051
Signature typed or printed name of registered agent and title if applicable 05/13/08-00119-003 500.00

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 STREET ADDRESS CITY - ST - ZIP	WALTON, WILLIAM H. JR. 3811 MCGIRTS BLVD. JACKSONVILLE, FL
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	L07000107281 PARTNERSHIP MANAGER, L.L.C. 4000-B ST. JOHN'S AVENUE, SUITE 22 JACKSONVILLE, FL 32205
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DO NOT WRITE 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: W. H. Walton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____