2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # A14428

1. Entity Name
EUREKA GARDEN ASSOCIATES NO. 2 LIMITED PARTNERSHIP

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01242005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2353556 — Applied For / Not Applicable

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

9. Capital Contributions as Shown on record.	$1,505,135.00	10. Amount of Capital Contributions in FLORIDA to 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 STREET ADDRESS CITY ST ZIP	WALTON, WILIAM H. JR. 3811 MCGIRTS BLVD. JACKSONVILLE, FL	STREET ADDRESS CITY ST ZIP	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	WEED, JOSEPH D. JR. 4334 MCGIRTS BLVD. JACKSONVILLE, FL	STREET ADDRESS CITY ST ZIP	U00000346149 04/30/05-80063-023 526.25
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP		STREET ADDRESS CITY ST ZIP	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP		STREET ADDRESS CITY ST ZIP	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP		STREET ADDRESS CITY ST ZIP	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP		STREET ADDRESS CITY ST ZIP	

STAPLE CHECK HERE

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 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 Jr. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — 4-21-05 (Date) — 904-388-2225 (Daytime Phone #)