

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


FILED

2007 APR 30 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04242007 Chg-LP CR2E003 (12/06)

DOCUMENT # A14428					
1. Entity Name EUREKA GARDEN ASSOCIATES NO. 2 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 59-2353556	
				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 CRAVEY, JERRY R. 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE, FL 32205			7. Name and Address of New Registered Agent Name <u>William H. Walton Jr</u> Street Address (P.O. Box Number is Not Acceptable) <u>4000 B St. Johns Ave</u> <u>Suite 22</u> City <u>Jacksonville</u> FL Zip Code <u>32205</u>		
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 <u>[Signature]</u> Signature, typed or printed name of registered agent and fee, if applicable				DATE <u>4/26/07</u>	
<p>FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00</p> <p>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.</p>					
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		
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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 <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			DATE <u>4/26/07</u>		Daytime Phone: <u>904-388-2225</u>

STAPLE CHECK HERE