2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 11 PM 4:54

DOCUMENT # A14838

1. Entity Name

CRESCENT LAKES APARTMENTS LTD.

Principal Place of Business	Mailing Address
1365-R S.R. 206 EAST ST. AUGUSTINE FL 32086	1365-R S.R. 206 EAST ST. AUGUSTINE FL 32086

Crescent Lake Apts Ltd.

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
840 Oakwood St	J. Roger Harris
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1365-R SR 206 E
City & State: Crescent City FL	City & State: St Augustine FL
Zip: 32112 Country: USA	Zip: 32086 Country: USA

1st MOORE CR2E003 (10/07)

4. FEI Number 59-2405143 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, J. ROGER
1365-R S.R. 206 EAST
ST. AUGUSTINE FL 32086

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 J Roger Harris 2-15-08

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

FILE NOW!!! Fee is $500. * After May 1, 2008, fee will be $900. *** Make check payable to Florida Department of State.**

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 #		STREET ADDRESS	600120727366
NAME	HARRIS, J. ROGER		03/13/08--01027--022 **508.75
STREET ADDRESS	1365-R S.R. 206 EAST	CITY-ST-ZIP	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		
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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: J. Roger Harris 2-15-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #