


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # A15358 1. Entity Name EDGEWATER PARK APARTMENTS, LTD.	
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Principal Place of Business P.O. BOX 13526 MACON GA 31208-3526	Mailing Address P.O. BOX 13526 MACON GA 31208-3526
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E003 (10/06)

City & State	City & State	4. FEI Number 59-2417292	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COMER, DON 1801 JOBYNA AVE ORANGE PARK FL 32073

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

FILE NOW!!! Fee is \$500. * After May 1, 2007, 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	
DOCUMENT #	
NAME	STUCKEY, TALMADGE
STREET ADDRESS	171 RIVOLI RIDGE DR.
CITY-STATE-ZIP	MACON GA
DOCUMENT #	
NAME	STUCKEY, REVA
STREET ADDRESS	171 RIVOLI RIDGE DR.
CITY-STATE-ZIP	MACON GA
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
DOCUMENT #	
NAME	741001
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-STATE-ZIP	
STREET ADDRESS	
CITY-STATE-ZIP	
STREET ADDRESS	
CITY-STATE-ZIP	
STREET ADDRESS	
CITY-STATE-ZIP	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000665078
03/23/07-80012-006 508.75

500.00
~~Signature of States 875~~
508.75

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:  **3-5-07 478-742-7956**
75 _____ Date Daytime Phone #

STAPLE CHECK HERE