


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 14 AM 8:33

DOCUMENT #A16011 1. Entity Name PICKWICK APARTMENTS, LTD.	
--	---

Principal Place of Business POST OFFICE BOX 47050 3740 BEACH BLVD. JACKSONVILLE, FL 32247	Mailing Address POST OFFICE BOX 47050 3740 BEACH BLVD. JACKSONVILLE, FL 32247
--	--

2. Principal Place of Business - No P.O. Box # 1551 ATLANTIC BLVD	3. Mailing Address P O BOX 47050
--	-------------------------------------

Suite, Apt. #, etc. SUITE 300	Suite, Apt. #, etc.
----------------------------------	---------------------

City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
----------------------------------	----------------------------------

Zip 32207	Country DUVAL	Zip 32247-7050	Country DUVAL
--------------	------------------	-------------------	------------------

01072008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-2388006	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

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

6. Name and Address of Current Registered Agent DEMETREE, JACK C. 3740 BEACH BLVD. SUITE 300 JACKSONVILLE, FL 32207	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1551 ATLANTIC BLVD., SUITE 300 City JACKSONVILLE FL Zip Code 32207
---	--

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
---	------------

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L98000003512	STREET ADDRESS	1551 ATLANTIC BLVD., SUITE 300
NAME	JCD PICKWICK, L.L.C.	CITY-ST-ZIP	JACKSONVILLE, FL 32207
STREET ADDRESS	3740 BEACH BLVD., #300		
CITY-ST-ZIP	JACKSONVILLE, FL		
DOCUMENT #	L98000003513	STREET ADDRESS	1551 ATLANTIC BLVD., SUITE 300
NAME	WCD PICKWICK, L.L.C.	CITY-ST-ZIP	JACKSONVILLE, FL 32207
STREET ADDRESS	3740 BEACH BLVD., #300		
CITY-ST-ZIP	JACKSONVILLE, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

500119547525
 03/06/08--01013--026 **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: <u>Jack C. Demetree</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date _____ <small>Daytime Phone # _____</small>
---	--

STAPLE CHECK HERE