2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2007 Jan 25, 2007 08:00 AN **DOCUMENT # A19044 Secretary of State** 1. Entity Name ELKHORN APARTMENTS, LTD. Principal Place of Business Mailing Address % LANDMARK MANAGEMENT COMPANY % LANDMARK MANAGEMENT COMPANY P.O. BOX 99564 P.O. BOX 99564 LOUISVILLE, KY 40269-0564 LOUISVILLE, KY 40269-0564 01092007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 61-1062981 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIMMONS, ANNETTE DO NOT WRITE 37 BROOK CIRCLE LEESBURG, FL 34748 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # HALL, KELLY MARKET STREET ADDRESS 2509 PLANTSIDE DRIVE CITY-ST-ZIP LOUISVILLE, KY 40299 DOCUMENT # NAME STREET ADDRESS U00000604449 01/29/07-80054-011 508.75 CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT

14. I hereby certify that the Information supplied with this filling alors 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 sometimes 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 its required by Chapter 620, Florida Statutes

SIGNATURE:

STREET MORESS CITY-ST-ZIP

STAPLE CHECK HERE