

2008 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 14 AM 11:45

DOCUMENT # A19891

1. Entity Name
ALBANY PLACE '85, LTD.



Principal Place of Business
12 SEA MARSH COVE
AMELIA ISLAND, FL 32034

Mailing Address
12 SEA MARSH COVE
AMELIA ISLAND, FL 32034

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

02202008

Chg-LP

CR2E003 (12/06)

4. FEI Number
59-2527807

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASBURY, TOM
~~4720 SALISBURY RD #205~~
~~JACKSONVILLE, FL 32256~~

SEE Address
Change →

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1300 Marsh Landing Parkway Suite 108

City

Jacksonville Beach

FL

Zip Code

32250

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

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

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

DOCUMENT #
NAME

SMITH, LLOYD III
12 SEA MARSH COVE
AMELIA ISLAND, FL 32034

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME

WEDEKIND, LEE D. JR.
12 SEA MARSH COVE
AMELIA ISLAND, FL 32034

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME

687843
LLOYD SMITH III AND ASSOCIATES
12 SEA MARSH COVE
AMELIA ISLAND, FL 32034

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME

STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200123069632
04/11/08--01047--010 **500.00

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:

Lloyd Smith III 4/8/08 (904) 261-8890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE