

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A24697

1. Entity Name
EDGEWOOD APARTMENTS, LTD.



Principal Place of Business
**41 W-65 SERVICE ROAD, N.
3RD FLOOR - COLONIAL BANK CENTRE
MOBILE, AL 36608**

Mailing Address
**P.O. BOX 160306
MOBILE, AL 36616**

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

04252007

Chg-LP

CR2E003 (12/06)

4. FEI Number

63-0954957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAMPUS, JOSEPH J III
3298 SUMMIT BLVD #18
PENSACOLA, FL 32503-4350**

7. Name and Address of New Registered Agent

Name **FRANK GANNON**

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

301 N US HIGHWAY 27 SUITE G

City **CLERMONT**

FL

Zip Code **34711**

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.

FRANK GANNON

4/25/07

DATE

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **GP9800001084**
NAME **MITCHELL EQUITIES**
STREET ADDRESS **3298 SUMMIT BLVD #18**
CITY-ST-ZIP **PENSACOLA, FL 325034350**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

500101973535
05/09/07-01046-020 **\$500.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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

STEPHAN QUINN

STEPHAN QUINN

4-24-07

251-380-2929