


2008 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A24697 1. Entity Name EDGEWOOD APARTMENTS, LTD.		

Principal Place of Business 41 W I-65 SERVICE ROAD, N. 3RD FLOOR - COLONIAL BANK CENTRE MOBILE, AL 36608	Mailing Address P.O. BOX 160306 MOBILE, AL 36616
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10242008 REIN-LP CR2E100 (1/07)

4. FEI Number 63-0954957	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GAMMON, FRANK 301 N US HIGHWAY 27 SUITE G CLERMONT, FL 34311

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

FILE NOW!!! FEE IS \$500.00 After January 1, 2009, Fee will be \$1000.00	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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 #	GP9800001084	STREET ADDRESS	
NAME	MITCHELL EQUITIES	CITY-ST-ZIP	
STREET ADDRESS	3298 SUMMIT BLVD #18		
CITY-ST-ZIP	PENSACOLA, FL 325034350		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

12/12/08--01006--015 **500.00

REINSTATEMENT 2008

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: STEPHEN QUINA 12-5-08 251-390-2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE