

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A25228**

1. Entity Name  
**DOGWOOD MANOR, LIMITED**



Principal Place of Business  
**460 HARRISON AVENUE  
PANAMA CITY, FL 32401**

Mailing Address  
**C/O FLORIDA MANAGEMENT ASSOCIATES, INC.  
P.O. DRAWER 610  
MONTICELLO, FL 32344-0610**



01172007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2843499</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GRIMSLEY, WILLIAM C., JR.  
460 HARRISON AVENUE  
PANAMA CITY, FL 32401**

**DO NOT WRITE  
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 \_\_\_\_\_

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

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 #	<b>S21661</b>
NAME	<b>DOGWOOD MANOR APTS.CORP.</b>
STREET ADDRESS	<b>460 HARRISON AVENUE</b>
CITY- ST- ZIP	<b>PANAMA CITY, FL 32401</b>

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05/17/07-80063-003 508.75

**DO NOT WRITE  
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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*Charles Feroch*

*4/27/07*

STAPLE CHECK HERE