


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

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

DOCUMENT # A26459 1. Entity Name SCENIC VIEW APARTMENTS, LIMITED	
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Principal Place of Business P.O. BOX 644 MILTON, FL 32571	Mailing Address P.O. BOX 644 MILTON, FL 32571
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-2921519	Applied For 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 CARVER, S. ELLEN 4425 AMBERWOOD CIR PACE, FL 32571

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00	
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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	
DOCUMENT #	
NAME	CARVER, S. ELLEN
STREET ADDRESS	PO BOX 644
CITY - ST - ZIP	MILTON, FL 32572
DOCUMENT #	
NAME	CARVER, STANLEY A
STREET ADDRESS	PO BOX 644
CITY - ST - ZIP	MILTON, FL 32572
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U00000747782
05/17/07-80039-021 500.00

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: <i>A. Ellen Carver</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<i>4-23-07</i> <small>Date</small>	<small>Daytime Phone #</small>
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STAPLE CHECK HERE