


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

<b>DOCUMENT # A26459</b> 1. Entity Name <b>SCENIC VIEW APARTMENTS, LIMITED</b>	
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Principal Place of Business <b>P.O. BOX 644</b> <b>MILTON, FL 32571</b>	Mailing Address <b>P.O. BOX 644</b> <b>MILTON, FL 32571</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country	4. FEI Number <b>59-2921519</b>  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>CARVER, S. ELLEN</b> <b>4425 AMBERWOOD CIR</b> <b>PACE, FL 32571</b>	<b>7. Name and Address of New Registered Agent</b> Name <u>S. Ellen Carver</u> Street Address (P.O. Box Number is Not Acceptable) <u>5650 Meadowlark Lane</u> City <u>Milton</u> FL      Zip Code <u>32570</u>
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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 S. Ellen Carver      DATE 1/15/08  
Signature, typed or printed name of registered agent and title if applicable.

**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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP <b>CARVER, S. ELLEN</b> <b>PO BOX 644</b> <b>MILTON, FL 32572</b>	STREET ADDRESS CITY-ST-ZIP <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>400116035664</b>  <small>01/25/08--01004--022 **\$500.00</small> </div>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP <b>CARVER, STANLEY A</b> <b>PO BOX 644</b> <b>MILTON, FL 32572</b>	STREET ADDRESS CITY-ST-ZIP
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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: S. Ellen Carver      DATE 1/15/08      Daytime Phone # 850-623-8144  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**FILED**  
**08 JAN 30 PM 4:02**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



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