2009 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# A26459

Entity Name: SCENIC VIEW APARTMENTS, LIMITED

Current Principal Place of Business:

P.O. BOX 644
MILTON, FL 32571

New Principal Place of Business:

5650 MEADOWLARK LANE
MILTON, FL 32570

Current Mailing Address:

P.O. BOX 644
MILTON, FL 32571

New Mailing Address:

FEI Number: 59-2921519 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARVER, S. ELLEN
5650 MEADOWLARK LANE
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION:

Document #:
Name: CARVER, S. ELLEN
Address: PO BOX 644
City-St-Zip: MILTON, FL 32572
Document #:
Name: CARVER, STANLEY A
Address: PO BOX 644
City-St-Zip: MILTON, FL 32572

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 04/08/2009

Electronic Signature of Signing General Partner Date