


**2003 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

DOCUMENT # A26808 1. Entity Name WAKULLA TRACE APARTMENTS, LTD.	
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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 AM 10:42

Principal Place of Business 33 MICHAEL DRIVE CRAWFORDVILLE FL 32327	Mailing Address 33 MICHAEL DRIVE CRAWFORDVILLE FL 32327
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 59-3792447	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
CARTER, R H 33 MICHAEL DRIVE CRAWFORDVILLE FL 32327	

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

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: <i>R.H. Carter</i> R.H. Carter	DATE: 4-25-08

FILE NOW!!! Fee is \$500.* After May 1, 2008, fee will be \$900.*** Make check payable to Florida Department of State**

**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 #	721122	STREET ADDRESS	
NAME	WAKULLA COUNTY SENIOR CITIZENS COUNCIL, INC	CITY-ST-ZIP	
STREET ADDRESS	33 MICHAEL DRIVE	STREET ADDRESS	200128298812
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	CITY-ST-ZIP	05/02/08--01006--013 **508.75
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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>R.H. Carter</i> R.H. Carter SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	DATE: 4-25-18 DAYTIME PHONE: