


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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 FEB 12 AM 9:28

DOCUMENT # A27257		
1. Entity Name BEAUCLERC BAY APARTMENTS, LTD.		

Principal Place of Business 2011 GIBSON ROAD JACKSONVILLE, FL 32207	Mailing Address 2011 GIBSON ROAD JACKSONVILLE, FL 32207
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0155001	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



02022007 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent SEARS, CHARLES A 2011 GIBSON ROAD JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L75504 BEAUCLERC POINTE INC 3616 EMERSON STREET JACKSONVILLE, FL 32207	STREET ADDRESS CITY-ST-ZIP	2011 Gibson Road Jacksonville, FL 32207
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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 #

STAPLE CHECK HERE

*[Handwritten signature]*

700088446347  
 02/15/07--01038--007 \*\*500.00

*[Handwritten signature: York Kaiser]* 2/6/07 904-24-5225