


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

03 APR 11 AM 10:01

DOCUMENT # A30136 1. Entity Name MARYLANE APARTMENTS, LTD.	
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Principal Place of Business P.O. BOX 644 MILTON, FL 32570	Mailing Address P.O. BOX 644 MILTON, FL 32570
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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
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01152008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3010420	Applied For <input type="checkbox"/> 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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5650 Meadowlark Lane City Milton FL Zip Code 32570
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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, 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	CARVER, STANLEY A PO BOX 644 MILTON, FL 32572	STREET ADDRESS CITY-ST-ZIP	000122771740 04/10/08--01004--014 **500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CARVER, S. ELLEN PO BOX 644 MILTON, FL 32572	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 **S. ELLEN CARVER** 4/3/08 850.623.8144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE