

# 2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A30136

**FILED**  
**Mar 20, 2010**  
**Secretary of State**

**Entity Name:** MARYLANE APARTMENTS, LTD.

**Current Principal Place of Business:**

5650 MEADOWLARK LANE  
MILTON, FL 32570

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 644  
MILTON, FL 32570

**New Mailing Address:**

P.O. BOX 10293  
CLEARWATER, FL 33757

**FEI Number:** 59-3010420

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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, STANLEY A  
Address: PO BOX 644  
City-St-Zip: MILTON, FL 32572

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

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

Address:  
City-St-Zip:

I hereby 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: ELLEN S. CARVER

GP

03/20/2010

Electronic Signature of Signing General Partner

Date