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

**FILED** Jan 12, 2007 08:00 Al Secretary of State

DOCUMENT # A9300000015	)00015	000	A930	NT#	<b>JMFI</b>	CL	<b>0</b>
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1. Entity Name

MYSTIC POINTE APTS, LTD.



Principal Place of Business

20721 SW 46TH AVE NEWBERRY, FL 32669 Mailing Address 20721 SW 46TH AVE. NEWBERRY, FL 32669



## DO NOT WRITE IN THIS SPACE

01032007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3164770

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, NORITA V 20721 SW 46TH AVENUE NEWBERRY, FL 32669

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its	registered office or registered aç	gent, or both, in the State of Florida.	I am familiar with, and accept
the obligations of registered agent.			
CICNIATUDE			

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
DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP	DAVIS, NORITA V 20721 S.W. 46TH AVENUE NEWBERRY, FL 32669
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #	, ···

Signature, typed or printed name of registered agent and title if applicable.

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NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP DOCUMENT # NAME

alify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am a General Partner of the limited partnership by Chapter 620, Florida Statutes I hereby certify that the information indicated on this report is true and or the receiver or trustee empoyer supplied with

SIGNATURE:

114107