2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

FILED Feb 11, 2008 08:00 A Secretary of State

DOCUMENT #A93000000158

MYSTIC POINTE APTS. LTD.

Mailing Address

Principal Place of Business

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

01302008 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

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 The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent. 	ed agent, or both, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable	DATE
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 REGIST	

12. GENERAL PARTNER INFORMATION DOCUMENT # DAVIS, NORITA V NAME STREET ADDRESS 20721 S.W. 46TH AVENUE CITY-ST-ZIP NEWBERRY, FL 32669 DOCUMENT # NAME STREET ADORESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

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14. I hereby certify that the information surplied with this filling 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

General Partner

SIGNATURE:

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