

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A93000000854

1. Entity Name
COUNTRYWOOD APARTMENTS LIMITED PARTNERSHIP



Principal Place of Business
950 WEST VALLEY RD., SUITE 2902
WAYNE, PA 19087

Mailing Address
950 WEST VALLEY RD., SUITE 2902
WAYNE, PA 19087

2. Principal Place of Business - No P.O. Box #

150 N. SWINTON AVE.

Suite, Apt. #, etc.

SUITE 101

City & State

DELRAY BEACH, FL

Zip

33444

Country

3. Mailing Address

150 N. SWINTON AVE.

Suite, Apt. #, etc.

SUITE 101

City & State

DELRAY BEACH, FL

Zip

33444

Country

02202007

Chg-LP

CR2E003 (12/06)

4. FEI Number

59-3194500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMETZER BONNIE
C/O JMG REALTY INC.
2174 HARRIS AVE., N.E.
PALM BAY, FL 32905

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

DATE

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 # **P93000055637**
NAME **COUNTRYWOOD APARTMENTS, INC.**
STREET ADDRESS **950 WEST VALLEY RD., STE. 2902**
CITY-ST-ZIP **WAYNE, PA 19087**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **150 N. SWINTON AVE, STE 101**
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

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000092352430
03/13/07--U1U23--U03 **500.00

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:

IRA Ginsberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

2007 MAR -7 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE