

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A93000000854**

1. Entity Name  
**COUNTRYWOOD APARTMENTS LIMITED PARTNERSHIP**



Principal Place of Business  
**150 N SWINTON AVENUE  
SUITE 101  
DELRAY BEACH, FL 33444**

Mailing Address  
**150 N SWINTON AVENUE  
SUITE 101  
DELRAY BEACH, FL 33444**



01232008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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.

U00000921429  
02/19/08-80024-016 500.00

SIGNATURE \_\_\_\_\_  
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 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 **150 N SWINTON AVENUE SUTE 101**  
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

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IN THIS SPACE**

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

**1/24/08 561-276-4110**  
Date Daytime Phone #

STAPLE CHECK HERE